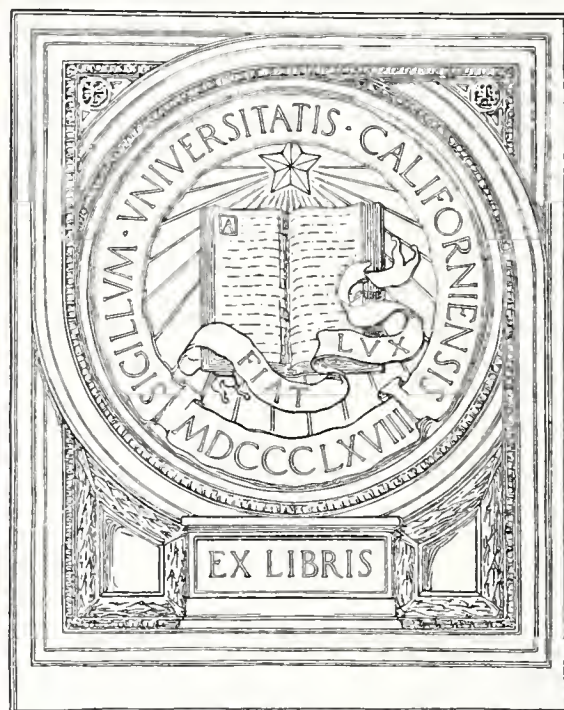



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No. 1

THE GENERAL PRACTITIONER*

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Little Rock.

This is not a eulogy on the family doctor. It is an attempt to analyze his present position in the social order, and in the medical profession. Is he necessary? What are his responsibilities to the public and to the profession? What is going to happen to him during the present social revolution, and what is he going to do about it, if anything? Is he necessary? It seems to me that he is. I cannot conceive of any arrangement whereby it will be possible or desirable to eradicate him. He may under some scheme be called a panel physician, et cetera, but he will still be a general practitioner. After making out his reports and affidavits and what not, he may have little time left to practice the healing art, but he will be doing as well as possible under the handicap. He still exists, and exists is the name for it, under the various European systems where medical practice is in the hands of the state or is carried on by various health insurance agencies. However, under any plan which has so far been devised, the public seems to get the best service where the doctor is interfered with the least. It is apparently as impossible to legislate ability or efficiency into a man or a group of men as it is to legislate a taste for liquor or narcotics out of the human family.

The marvelous developments in surgery, the specialties and internal medicine during the last thirty or forty years have forced the general practitioner into the background. In 1888 bacteriology was not taught in any medical school in America, and the first X-ray was not made in the city of Chicago until 1898. The spotlight has been on these, and other newer phases of medicine and the family doctor has been more or less forgotten. We hear that he, like the dodo, is a thing of the past; that he is a relic of the horse and buggy days, like our Constitu-

tion. They say that he is a man who knows less and less about more and more. Some have been sorry because he is supposed to be on the way out, but others have frankly stated that the sooner he disappears, the better it will be for all concerned. All have admitted that he is a unique specimen even if more or less useless. Be that as it may, his ranks have increased considerably since 1929 and meanwhile, in spite of all the wisecracks, he has continued to do by far the greater part of the medical work done in this country. Our morbidity and mortality rates in this country show that he has done this work very well. He will have to continue to do this work for many years to come. Medical men cannot be trained in a few months, so there is no one who can take his place. The social order may change his name but the same work will remain to be done, and the same men must do it. In this country the pauper is now called a client, so who knows how dignified and imposing our new title may be, if state medicine does come.

The family doctor is usually the first to see the emergencies in medicine and in surgery. His is the responsibility of recognizing such conditions as diabetic coma, uremic convulsions, coronary accidents, eclampsia, and various cerebral accidents. He is the first on hand at the numerous dangerous accidents of today. He must also recognize such emergencies as intestinal obstruction, appendicitis, perforating peptic ulcers, ectopic pregnancy, placenta praevia, strangulated hernia, and many others. What surgeon or other specialist, regardless of his ability, can do much for many of these conditions unless a prompt diagnosis has been made by the family doctor?

The contagious diseases are nearly all treated by the general practitioner and he will continue to treat or supervise the treatment of such diseases as diabetes, arthritis, neuritis and malaria, etc. He is the first who has a chance to see cancer and other malignancies, and upon his ability to recognize these at an early stage, depends the life of the patient. Upon his skill and ability

* President's address delivered before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 27, 1936.

rests the fate of the syphilitic. He is the first to contact such great killers of humanity as pulmonary tuberculosis, cardiovascular and renal diseases. The safety of the patient in a great many of these conditions depends to a great extent upon the diagnostic skill of the family doctor who sees them first, and upon the adaptability of the system under which he renders his service. Under our present system the average emergency will be seen quickly and arrangements for treatment will be expedited. Under any state system of control because of the associated red tape, things would be much slower.

Every general practitioner should strive to be a good diagnostician. When reasonably proficient in this art, he is in a position to know what he is treating, how long it is advisable for him to treat a disease before calling consultants, and when a patient should be turned over to a specialist, because it is no longer within his ability to properly handle the case. In these days many of us in general practice have the idea that it is impossible to make a diagnosis without using elaborate equipment and without depending to a great extent upon laboratory aid. McKenzie once said that whenever he saw a doctor loaded down with equipment on his way to examine a patient with heart disease, that he always wondered what he had done with what God gave him.

Charles Mayo remarks that what a doctor has under his hat is far more important than what he has in his laboratory. These men are not belittling our modern methods in diagnosis. They are only trying to make us remember that after all we must depend upon ourselves and that our laboratories are only furnishing part of the evidence. Our tests as a rule only help to confirm what we have clinically suspected. At times the evidence furnished by these tests is of great importance. They may also be very misleading. We must learn to give the evidence thus gained its proper place and must not minimize it on the one hand or place too much faith in it on the other. It is possible for the man in general practice to make the proper working diagnosis in the vast majority of cases which he sees. Most can be made without the use of elaborate equipment or complicated tests but if such equipment or tests are needed, it is his business to know where to send the patient in order to get the needed service. At any rate he should remain in charge of, or in touch, with his patient. The sooner he is willing to assume the responsibility for the welfare of the pa-

tient the sooner he will become indispensable in his community.

In many places it is impossible for the clinic or group idea to operate efficiently. In such localities the local practitioner must assume the duties of the internist in the clinic, making use of his own observations and correlating the findings of various specialists to whom he may have to send his patient. He can thus give his patient most or all the benefits of the clinic idea, often at less expense. His ability to render this service will aid in forestalling state medicine. The specialist, if he is wise, will help the family doctor to render this service to his patients. Experience is a great aid in avoiding diagnostic pitfalls but one able clinician has aptly remarked that some men often make the same mistake fifty times and call it "experience."

In most communities the family doctor is still the one upon whom the people depend for the prevention of disease and for advice during epidemics. The attitude of the general public towards preventive medicine and quarantine regulations depends to a large extent upon the caliber of the local practitioner. The attitude of the people towards prenatal care, maternal and infant welfare and the care of the growing generation depends on the ability and efficiency of the local medical man. People are reading nowadays and get a great deal of information and misinformation concerning medical matters from the lay press. If they see, or think, that their local doctors are not up to standard they are much more easily influenced by the advocates of state medicine.

Some of the doctor's responsibilities to the public have been enumerated above. There are others. He has always tried to protect the public from medical quacks. He must now endeavor to protect it from political quackery. He knows how gullible the public has always been so far as the medical quack has been concerned, and during the past few years has had ample opportunity to realize that the political quack can be just as dangerous as the medical one. We must also realize that many in our own ranks may fall for political promises.

What is going to happen to the general practitioner? This depends to a large extent upon what happens to the country from an economic standpoint within the next few years. If we have prosperity and everything is rosy, we may have little to fear in the immediate future. However, the time is coming for a showdown and, in my opinion, it won't be long. The President has said that nothing will be done in the way

of federal interference unless there is a crystallization of public sentiment in favor of it. At the same time those who are interested are right now furnishing to universities and high schools the material for debates on the subject of state medicine or compulsory health insurance. It is quite evident that while nothing may be done in this direction unless the crystallization of public sentiment demands it, the powers in control are in a position to hasten this crystallization if political expediency demands it. So, if things do not improve, we may find that we are the next ingredient of the alphabet soup. The general public, so far, knows little and cares less about state medicine, and if it is harnessed upon us, it will be done by the politicians and big foundations. The politician will do it for votes and as a method of perpetuating his place at the public trough. If the invasion of the field of medicine will help to attain his ambitions, he will not worry about its effect on the medical profession or upon the public. The promise of free medical care should draw an enormous vote from certain elements of the people and it is logical to expect most any kind of a promise from some of our present crop of politicians. Furthermore, the institution of some type of state medicine will open up a fertile field for appointments, and the opportunity to have new jobs for relatives, friends and followers is dear to the heart of most of our statesmen. The present setup is ideal for fastening compulsory health insurance upon our country. Numbers of newspaper men who are out of work are upon the federal payroll and can be used for any kind of propaganda. A good many medical men are in the same position. It is not likely that these men will bite the hand which feeds them. State medicine made its appearance in Germany in 1883 and in England in 1911. In both cases it was not due to public demand but came as a political expedient. It has not helped the public or the profession in any instance, but on the other hand has done great damage. After a thing has failed in Europe, it seems to be the general impression among our politicians that we should try to make a more impressive failure along the same line in this country.

The attitude of some of the foundations has always seemed a bit complicated to me. Here we have vast sums of money piled up by individuals who have certainly made enormous profits, often at the expense of the very part of the public for which they now feel so sorry. The profits have been large, for otherwise such sums of money could not have been accumulated.

The fact that these sums are now available signifies that these philanthropists charged the dear public a tidy sum for services rendered. A handsome profit would have been possible even if the public had paid considerably less for what it bought. Would these philanthropists admit that the state could render the same services which they rendered to the public in a more efficient manner, or at a smaller cost? I hardly believe that they would, and if they did admit it, I would not believe it possible. These same philanthropists however constantly criticize our charges and our service and are working steadily to change the system under which we are now operating. In its place they, too, are seeking to substitute a system operated by the state or through some insurance substitute, and expect by doing so to eventually render the same type of service to one and all. The poor are to get the same attention as the upper classes. Did the poor, for example, get the same services as the rich from organizations controlled by Rosenwald or Filene? Only if it was paid for. The profits from foundation investments must be used to the best advantage to show results. If interference in the field of medicine makes the best appeal to the audience the founders or managers of some foundations will move in this direction. Perhaps some of our philanthropists feel a pang of remorse after having exploited certain classes in this country and seek to make restitution by paying them back at our expense. Perhaps this exploitation has something to do with our present predicament.

In Germany in the early stages of the game the doctors, as well as the public, were promised great things, such as shorter hours, steady income, old age pensions, less competition, etc. The same promises will be made to members of our profession in this country. To those who look only at the present these promises will carry great weight, and to these men it will be a difficult proposition to turn a cold ear to such promises. Those who are hard up for money, those who are inefficient, and those who are just starting into practice will be particularly interested in government work which will guarantee a steady income. After the change was made in Germany the doctor soon became one of the first forgotten men. His hours became longer and more patients were forced upon him during his working day. His pay was gradually reduced. The quality of services was stressed less and less by the administrative officers, and the institutions, equipment, and management were played up more and more. The officials

who controlled the vast machine occupied the limelight and gradually usurped the rights of the professional man. The doctor became a mere cog in the machine and he either had to mesh just right or get out. All of us who have followed the fortunes of our German colleagues know what happened to them. We also know that since the change was made Germany is no longer the leader in the medical world, and the inevitable gradually happened. We know too that the morbidity rate has increased by leaps and bounds in Germany under state medical control, and that the German doctor in general practice has had little incentive to improve himself.

In this country the same thing will happen on a larger scale. When one thinks about what will occur when we are at the mercy of a group of lay officials which will be changed with every change of political party, or which may become too firmly intrenched if one party remains long in power, it makes one realize that it is high time for us to do everything in our power to avert such a possibility.

The idea that the state will furnish any one better medical attention than that now available is fantastic. The expense connected with running a state laboratory is a drop in the bucket compared to what state medicine will necessitate. Under state medicine the citizens will at once demand all kinds of unnecessary services, and we will be swamped with minor ailments to the point where we will be unable to attend properly to more serious and important diseases. The expense of such services will be enormous. It is entirely possible that after a while this expense will force the state to limit its services to that which is absolutely necessary, and that some visiting nurse, case investigator, or some ward politician will decide whether or not the service is absolutely needed. There is no reason why any one should expect any improvement in services under a politically controlled system of medical practice, for when politics enter, ambition and merit too often depart. The federal and state governments have examined, inspected and okeyed the banks of this country for years, but this did not guarantee first class service or protection to the people who used them. The Federal Reserve system was supposed to be able to prevent wild periods of speculation such as we had in 1929, but when the time came to put on the brakes, it was not politically expedient to do so. The legal proceedings in our courts have always been under government control. For years there has

been an insistent demand for more speed and efficiency in our legal machinery in order that justice could at least be dispensed more rapidly and at less cost, but there has been little improvement in this field. Our army has never been prepared for war and, if critics are right, our air forces and navy are still in great need of improvement. In the face of all of this, it is difficult to understand why anyone without an axe to grind should be so interested in turning medicine over to government control.

If the doctor is like most officials, the rank and file of us will do what we have to do under any state scheme of medical care; no more. In fact after we get all of our reports made out and our affidavits filed we will probably be too tired to worry much about the quality of our services. Suggestion to government officials are as a rule unwise and may even be dangerous if the official happens to be one of the type who takes himself or his position too seriously. There will be a lot of this for us to put up with if we are ever under state control.

Under any scheme of the perfect state the government should also look forward to the time when every citizen shall have all he wants to eat and when his diet is carefully computed and balanced in Washington. We all know how important proper food is in the prevention of disease so why should not our Government take over our facilities for handling and distributing this necessity? Proper clothing and housing are also of great importance and should be considered. And what about legal services? Everyone should be able to have a lawsuit if he wants one. It is expensive and difficult for some of our population to finance such legal proceedings, so provision should be made for free legal services for all. Fuel, too, is needed universally and should be provided. Almost all of us like to go places, or so it seems on Saturday nights and Sunday afternoons so free transportation by means of an automobile in every garage, and free railroad tickets are in order. Plato considered most of our present problems many years before the Christian era. Like ourselves, he was unable to solve them. What can we do about it? We can do something about it in several ways. In the first place we must keep the confidence of our patients, and in order to do that our services must be improved to the fullest extent. During this century medical services have been wonderfully improved. No other profession has advanced as rapidly. But we can do better. Each of us can individually improve his work. We

can collectively improve our work. Our smaller county societies find it difficult to carry on because of small membership. Some of these counties should be combined so that a large enough group of medical men can be provided for an active society. Better programs can then be provided. These programs should be planned for several months or a year in advance, and should cover important advances in medicine and surgery. The fundamentals of medical science with which we should all be familiar should be reviewed. In many instances a society should attempt to provide a post-graduate course of instruction.

In the second place we must individually and collectively exert as much pressure as possible upon our politicians. We already have an organization which can be used very effectively to this end if our members will work. And we are now facing a situation where we will work if we have any idea of self-preservation. We have a man in every community who has some influence if he will use it. The foundations are putting out propaganda. The government is doing it. Why should we hesitate? Our morbidity and death rates are lower in this country than in those where various schemes are now in operation, so why is it good for either the public or the profession to make any radical change? We have cleansed our own house since 1900 and improved our medical schools until they are the best in the world. No other profession has done this. To my way of thinking we are perfectly capable of solving this problem ourselves and we should insist on doing it.

Meanwhile we must take care of the unfortunates who are worthy of charity, but there is no reason for us to assume that it is our duty to take care of that element of the population which is tired of making any effort and has decided to let the government look after it.

SUMMARY

1. The general practitioner will continue to do most of the medical practice in this country regardless of what changes occur.

2. He can be improved but not replaced.

3. This improvement must depend upon his own initiative and upon his own organizations.

4. His ability cannot be increased by legislation. His efficiency will be hampered by state interference.

5. The medical profession is a great temptation to social planners, professional altruists, social theorists, social exploiters and practical politicians. These men are now well prepared for an onslaught in order to gain control of our work.

6. State Medicine or Compulsory Health Insurance

will be a political football and hence will accentuate present difficulties instead of curing them.

7. The present "Social Security Act" is an opening wedge. It calls for service to the blind, the aged, the unemployed, maternal and child health, crippled children, child welfare, vocational rehabilitation, and public health work. The expense connected with all of this will be something for even the present crop of magicians to think about.

8. Most of our present socialistic projects are possible only because of government credit, which in turn depends upon stored up wealth and national income. When this stored up wealth gets low and the national income fails to meet the bills, credit will disappear. How then will we meet the expense connected with these "Security" acts?

9. The general practitioner has a large enough load on his back at present without saddling any more experiments upon him. Let us not depend upon the promises of any party, but concentrate upon our local representatives and senators.

IMPORTANT "DON'TS" RECOMMENDED FOR ALL PHYSICIANS.

According to California and Western Medicine, if physicians will learn to observe the following advice they will save themselves much trouble:

Don't assign accounts to a collecting agency until you ascertain the standing and reputation of the agency.

Don't fall for "directories" that promise you business if you will pay a certain sum for listing your name.

Don't take out an insurance policy because you are given a promise of appointment as a medical examiner or member of their panel of physicians.

Don't operate on a minor without written consent of the parent or guardian.

Don't perform a sterilization operation on a minor without a court order. On those who have attained their majority, secure written consent.

Don't operate on anyone without a clear and full understanding as to the nature of the operation.

Don't sue for an account till the period of limitations has expired.

Don't report on services rendered to life insurance companies without patient's consent.

Don't make affidavits until you know their purpose.

Don't fail to obtain consultation or advice when you are in doubt.

Don't violate patients' confidential physician-patient relationship.

Don't fail to keep accurate records.

Don't be an easy mark in falling for agents' representations.

Don't sign till you know what you are signing.

Don't fail to consult your investment banker before investing in any business or promotion scheme.

Don't prescribe narcotics for transient persons.

Don't sign a death certificate if you have not seen the patient within 36 hours before death. Call the coroner.

Don't neglect carrying indemnity defense insurance.

Don't break the Golden Rule.

FUSOSPIROCHETAL INFECTIONS OF THE LOWER RESPIRATORY TRACT*†

LEON E. KING, M. D.
Hot Springs National Park

Spirochetes were discovered in the sputum in cases of so-called putrid bronchitis, and at post-mortem in gangrenous lung tissue, by Leyden and Jaffe of Holland as far back as 1867, and by Rona in Germany in 1905. In spite of this, it is only within recent years that wide recognition has been given to the importance of these organisms and fusiform bacilli in the causation of disease of the lower respiratory tract.

To Castellani, who was at that time working in Ceylon, belongs the credit of first recognizing the pathogenicity of spirochetes, when in 1906 he observed two cases which clinically presented a picture of chronic pulmonary tuberculosis, but in which repeated sputum examination failed to reveal tubercle bacilli, and X-ray films failed to show characteristic tuberculous involvement. A constant finding, however, was large numbers of spirochetes, and he then concluded that the organisms bore an important relationship in the causation and pathology of broncho-pulmonary disease.

Until 1918 the disease was considered to be tropical in nature but this view was discarded when Violle discovered the disease among the military and civilian population of France. Since then many cases have been reported from all parts of the world. In this country, Johnson in 1909, and Rothwell in 1910, were the first to report cases of broncho-pulmonary fusospirochetosis.

The lack of general recognition of the disease is evidenced by the fact that until 1929 only about 150 cases had been reported. The importance of early recognition of this disease entity lies in the fact that its treatment by specific measures in the early stages is very satisfactory and that it may easily be confused with other acute and chronic pulmonary disease, especially, pulmonary tuberculosis.

The offending organisms are the spirochetes

of Vincent and fusiform bacilli. These are frequently associated with cocci, especially streptococci, and with anaerobic organisms. There is proof to show that the spirochetes and bacilli are really one and the same organism, the different morphology being due to different stages in development.

These organisms are responsible for a rather large variety of lesions in the lower respiratory tract, namely: acute and chronic bronchitis, acute and chronic bronchiectasis, lobar and lobular pneumonia, pulmonary abscess, pulmonary gangrene, and empyema.

The infection may begin primarily in the broncho-pulmonary tissues without evident predisposing factor; but frequently, especially in cases of pulmonary abscess, the lesions follow an operation, commonly done under general anesthesia, upon the tissues of the mouth, pharynx, or sinuses. Pyorrhea, oral sepsis, and Vincent's angina may be primary factors. The disease has been known to have been transmitted from a person affected with Vincent's angina producing lesions in the lower respiratory tract of another. In all forms of the disease there is a distinct tendency toward the production of necrosis and foul smelling expectoration.

Since the disease is responsible for a multiplicity of lesions ranging from acute and chronic bronchitis of the putrid type to diffuse pulmonary gangrene, it is obvious that the symptomatology is quite variable. It depends upon the type, location, and degree of involvement, and upon the acuteness or chronicity of the lesion.

In the acute type, the onset is frequently not unlike that of influenza, with chilliness, malaise, general aching, fever and prostration. Chronic lesions may simulate closely chronic pulmonary tuberculosis. In general, the most prominent symptoms are: cough, expectoration of muco-purulent, yellowish or greenish, at times foul smelling, blood-streaked sputum; fever, which is intermittent and may be high; loss of weight; chest pain; night sweats, and chills. The physical findings depend upon the type of lesion present, at times being surprisingly meager. X-rays may show areas of infiltration, consolidation, cavitation, or pleural effusion.

In a recent article by Pierce and Field, the writers report 11 cases of fusospirochetal pneumonia, believing this disease to be an entity of distinct etiology. They write: "The outstanding features seem to be a prodromal period in symptoms and roentgen changes suggesting a bronchitis with unproductive cough, intermittent

* Read at the 5th annual clinical conference of the Leo N. Levi Memorial Hospital and Chas. S. Steinberg Clinic, with the collaboration of the Garland County Medical Society and the staffs of the Army and Navy General Hospital, Hot Springs National Park, Arkansas, October 15 and 16, 1935.

† The author wishes to express his appreciation to Dr. H. Brewer of Hot Springs, and to Dr. J. A. Ashby, of Dallas, Texas, for supplying some valuable data used in the preparation of this paper.

fever, or a 'cold' which may not induce the patient to seek medical attention. This usually is followed by a period of evolution of a pneumonia, tending to be lobular in roentgen appearance, a constitutional reaction quite mild in comparison with the extent of pulmonary involvement, a slow and prolonged period of resolution, tendency to exacerbation, and with a more or less characteristic sputum. Even when onset was indicated by acute pleuritic pain, the fever was commonly mild, the pulmonary symptoms slow in appearance. The temperature is irregular, commonly a decreasing daily elevation follows for some time after the acute spike of the onset of definite pulmonary changes, closely paralleled by a moderate polymorphonuclear leukocytosis. Finally, the roentgen changes do not conform to the usual pattern of either broncho-pneumonia or lobar pneumonia alone. It is our opinion that in these 11 cases we have dealt with are a disease entity of distinct etiology."

The diagnosis is made from the history, clinical course, X-ray findings, but most important of all, from the examination of the sputum, which reveals large numbers of spirochetes and fusiform bacilli. The sputum must be properly collected to avoid contamination, and promptly stained, as the spirochetes tend to disappear on standing.

The treatment of broncho-pulmonary fusospirochitosis varies somewhat with the type and stage of the disease. The most striking results are obtained with the arsphenamines intravenously or intramuscularly when employed in the treatment of fusospirochetal bronchitis and pneumonitis. They are also of value in the bronchiectatic, abscess, and other forms, but here other measures, such as postural drainage, peroral drainage, bronchoscopic aspiration, or sur-

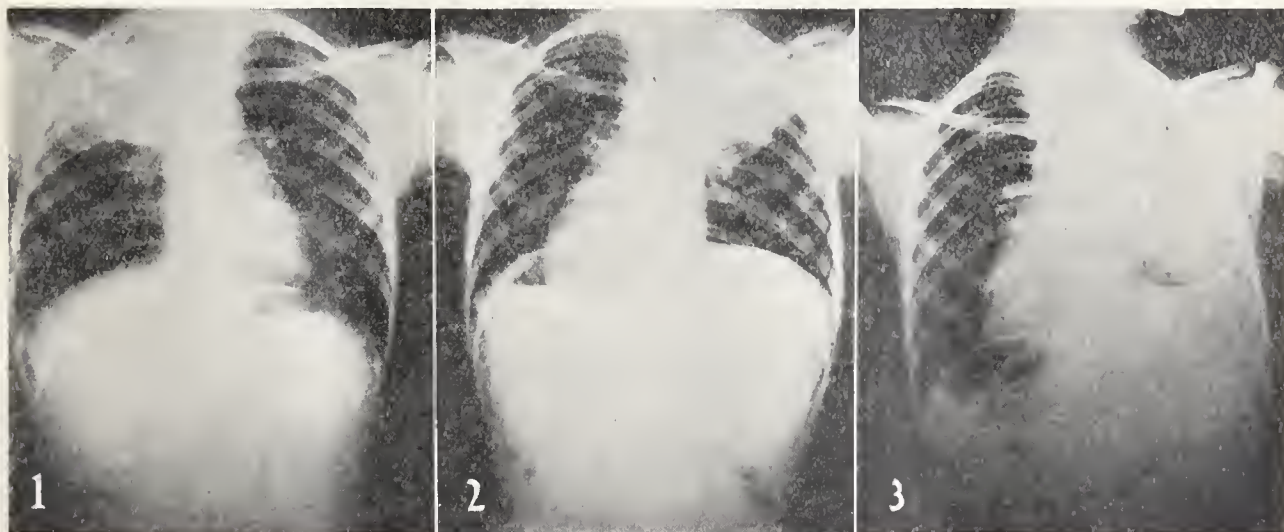
gical external drainage may be required. Many cases recover spontaneously.

As an example of fusospirochetal disease of the lower respiratory tract I should like to present the following case:

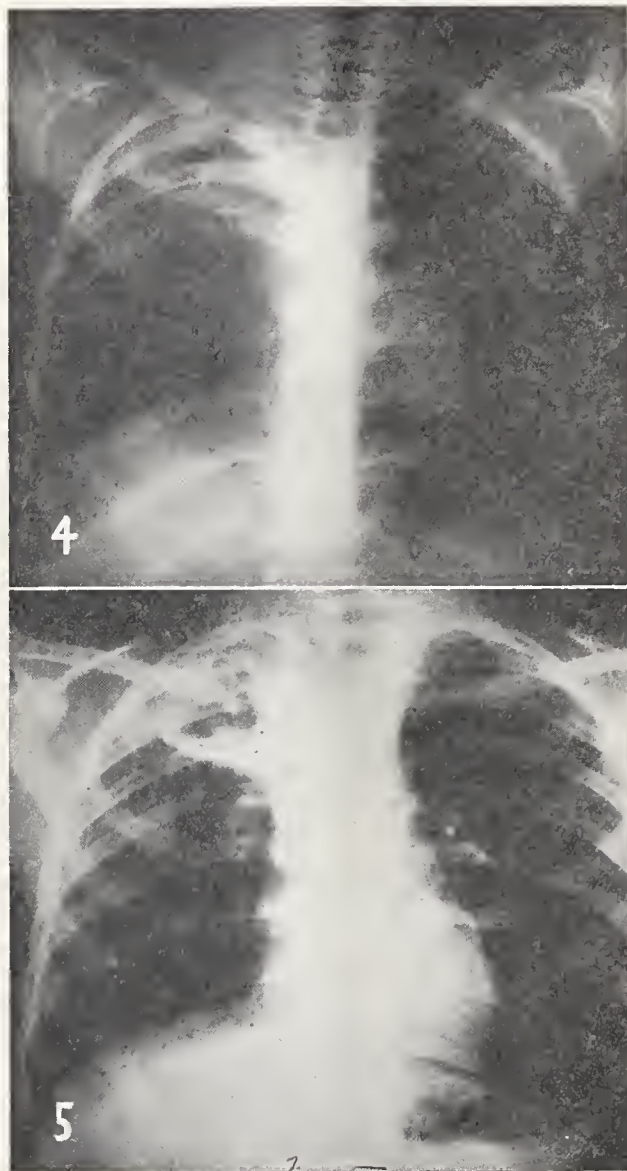
A boy, 7 years of age, was referred to Dr. H. Brewer of this city in March, 1934, with a diagnosis of pulmonary tuberculosis. The chief complaints were chronic cough, hemoptysis, recurring about every three weeks, and loss of weight. The past history revealed that the patient was in an automobile accident nine months previously, and while confined in the hospital he developed typhoid fever. Physical examination showed an anemic, and under-nourished boy, weighing 43½ pounds. An examination of the chest revealed evidence of consolidation of the upper right lung and the presence of numerous rales. The heart was normal. An X-ray of the chest (Fig. 1) showed the apex of the right lung to present a marked density with some cloudiness throughout the lower lobe. The picture was suggestive of some form of infection other than tuberculosis. The density and cloudiness was thought to be due either to the presence of pus or to inflammation of lung structure with consolidation. Several sputum examinations revealed no tubercle bacilli, but large numbers of Vincent's spirochetes and fusiform bacilli were found.

During the month of March, two injections of neoarsphenamine were given. Another X-ray taken on April the 7th showed a decrease in the density of the apex of the right lung (Fig. 2). Following two more doses of the drug there was further improvement in the X-ray findings. The clinical course improved correspondingly until the latter part of 1934, when the patient grew very much worse following an attack of an acute upper respiratory tract infection.

I first saw the child in the latter part of January 1935, in a local hospital. A physical examination at that time revealed, in addition to the previous findings, an extension of dullness to involve practically the entire right chest, with intensification of breath sounds over the lower right lobe. The laboratory findings were as follows: Hemoglobin 45%; red blood cells 3,350,000; white cells 11,600; the urine was negative; Wasserman negative; and the Mantoux test negative. The patient had a very slight, dry cough. The temperature was somewhat irregular and slightly elevated. The pulse



was slightly accelerated. An X-ray film of the chest revealed a diffuse opacity involving practically the entire right lung, with evidence of collapse of the right lower lobe, and possible some fluid formation. (Fig. 3).



The treatment with neoarsphenamine was resumed, and in addition, tonics and a high calorie diet was prescribed. In all, over a period of three months, he received about ten injections of the drug ranging in dosage from 0.15 to 0.3 gram. His progress was satisfactory throughout, with rapid and continued improvement in the clinical condition and X-ray findings, (Fig. 4), but the patient was forced to leave the city in April before full recovery took place.

Since his departure, he has been treated by Dr. J. A. Ashby of Dallas, who saw the patient for the first time on July 3, 1935, about three months after leaving Hot Springs National Park. His complaints at this time were: lack of appetite, slight cough at night, and pallor. An examination showed the following: weight 48 pounds; urinalysis negative; red blood cells, 3,800,000; white blood cells, 9,600; polymorphonuclear cells 62%; lymphocytes 30%; eosinophiles 6%, and monocytes 2%. The Mantoux test in dilutions of 1:1,000 and 1:100 was negative as was the Wasserman.

The treatment in Dallas was quite similar to that followed here. He received twelve injections of neoarsphenamine, ranging in dosage from 0.3 to 0.6 gram each, extending over a period of about two and a half months. On September 16, 1935, his weight was 52½ pounds. The cough disappeared, good color returned, along with the appetite, and clinically he appeared in very good health. There was corresponding improvement in the X-ray findings (Fig. 5). A laboratory report on September 21st showed 4,400,000 red blood cells; hemoglobin of 88% (Sahli); 8,200 white blood cells; polymorphonuclear cells 56%; lymphocytes 40%; eosinophiles 3%, and monocytes 3%. The patient entered school in September and seemed to carry on satisfactorily. Another series of treatments was planned in four to six weeks if this was deemed necessary.

PROCEEDINGS OF SOCIETIES

The Lawrence County Medical Society met at Pocahontas April 14th for the following program:

"General Management of Fractures," F. Walter Carruthers, Little Rock.

"Diseases of the Skin," George F. Jackson, Little Rock.

GEAN S. ATKINSON, Secretary.

The regular monthly meeting of the Ouachita County Medical Society was held May 7th at the Orlando Hotel in Camden. Fifteen physicians were present. After a delightful banquet the following program was rendered:

"Treatment of Burns" (motion picture); "Hoarseness," Paul Mahoney, Little Rock, and "The Lower Urinary Tract," H. Fay H. Jones, Little Rock.

R. B. ROBINS, Secretary.

The Randolph-Lawrence County Medical Society met with Drs. Gibson and Felts at Alicia on May 19th perfecting the organization. The meeting was addressed by H. A. Stroud, Jonesboro, Councilor, and W. O. Loftis, Pocahontas, "Diabetes."

CHAS. D. TIBBELS, Secretary.

The Sebastian County Medical Society met May 19th for the following program: "Significance of Premature Contractions of the Heart," C. T. Chamberlain, Fort Smith.

The Mississippi County Medical Society was addressed May 5th by E. H. Cox, Wilson, "The Anatomy of the Heart," and M. L. Cantrell, Luxora, "The Physiology of the Heart." At the next meeting, June 2nd, the following program will be presented: "Angina Pectoris," F. L. Husband, and "Mitral Insufficiency," C. E. Wilson.

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OF THE

ARKANSAS MEDICAL SOCIETY

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EDITORIAL

THE ANNUAL MEETING

Practically every county medical society was represented in the 425 registrants at the 61st Annual Session of the Society held at the Arlington Hotel, Hot Springs National Park, April 27-29th. This certainly indicates a continued interest in medical organization, its aims and ideals, and in scientific medicine. This registration is close to forty per cent of the active membership of the Society and is indeed a decided evidence of enthusiasm among our members.

The scientific program was most practical and thoroughly covered the field of medicine. The guest speakers: W. W. Bauer, Chicago, W. D. Haggard, Nashville, J. A. Myers, Minneapolis, J. J. Waring, Denver, Horton Casparis, Nashville, E. Lee Dorsett, Saint Louis, and Willis Campbell, Memphis, were well-chosen and ably presented their topics for the profit of all. From our own membership it was gratifying to note that considerable care and study had been given

to the papers, each of which carried a worthwhile message. It is almost a habit to let the Committee on Scientific Work shape its plans as best it may, bestowing praise in a meager fashion. We feel that this year's Chairman has demonstrated an aptitude for arranging a well-balanced, profitable program and commend his efforts. Suggestions from the membership as to the type of papers desired for the 1937 session will materially help the committee in its activities.

Nineteen commercial exhibits attested to the wisdom of the Council's action in taking over this phase of the annual session. Under the present system there has been a steady growth in the number of exhibitors with consequent increase in revenue available for the host society. With continued able management there is no reason but to expect that in the future this exhibit will pay all the expenses of the annual session. We feel that we may properly suggest to the members in attendance that it is but a part of their duty as members to visit these exhibitors, examine their displays and, in general, evidence an interest in their co-operation. This will insure continued support from commercial firms in other annual sessions.

The local committees, as Garland County Medical Society has taught us to expect, functioned in a most efficient manner to provide everything needed for a complete meeting. Tuesday evening's banquet and social session set a high mark for attendance and sent the visitors away with a knowledge that they had attended a truly hospitable affair.

Officers elected are: President-Elect, O. J. T. Johnston, Batesville; First Vice-president, A. G. Sullivan, Hot Springs National Park; Second Vice-president, Ruth Ellis, Fayetteville; Third Vice-president, B. M. Stevenson, West Memphis; Treasurer, R. J. Calcote, Little Rock; Secretary, W. R. Brooksher, Fort Smith; Delegate to the American Medical Association, W. H. Mock, Prairie Grove; Alternate, Val Parmley, Little Rock, and the following Councilors, M. C. Hawkins, Jr., Second District, Searcy; C. W. Dixon, Fourth District, Gould; F. O. Mahony, Fifth District, El Dorado; O. G. Hirst, Sixth District, Prescott; S. B. Hinkle, Eighth District, Little Rock, and S. J. Wolfermann, Tenth District, Fort Smith. The Council reorganized re-electing S. J. Wolfermann, Chairman, and D. L. Owens, Harrison, Secretary.

FIRST AID STATIONS

County medical societies should interest themselves in the current program of the American Red Cross which contemplates the establishment of first aid stations along the highways of this state, most probably in filling stations. This rather ambitious movement is nation-wide and in certain sections, the units are already in operation. We are informed that preliminary surveys are in progress in Arkansas but that no stations have actually been authorized.

These stations are being established for the purpose of rendering first aid to persons injured in automobile or other accidents. It is expressly understood that the services rendered are in no sense to take the place of medical care. No recompense may be received by anyone giving first aid at these stations, the services being strictly voluntary. The national instructions state that all injured persons should be advised to consult a physician for after-care; in fact, requests for second treatment are not to be honored and the injured party must be referred to a physician.

That the program has merit cannot be denied; yet any such system presents opportunities for abuse with which the medical profession is only too well aware. Certain serious drawbacks to the successful operation of the plan occur to us. The known high rate of turn-over among filling station employees suggests the difficulty of constantly providing trained personnel at a given station. Present-day transportation facilities mitigate in a considerable degree the hazards of an injury sustained in a remote section over those prevailing but a few years ago. Finally, we are concerned over the problem of the rural physician who frequently serves only as a first aid man to the injured party, serving to make him comfortable for the trip to an adjacent hospital or medical center.

The Council of the Arkansas Medical Society adopted a resolution at the recent annual session which in effect states that the matter of emergency medical care must be under the supervision of the organized medical profession of that county and state. The Red Cross manifests a desire to co-operate with the Society in this undertaking. It is suggested that county medical societies immediately confer with their local Red Cross chapters relative to the establishment of such stations within their respective counties, offering their services in both a supervisory and advisory capacity.

PERSONALS AND NEWS ITEMS

Fount Richardson, Fayetteville, and N. C. Hodge, Marianna, have recently been commissioned Captain and 1st Lieutenant respectively, Medical Corps, Arkansas National Guard.

Ralph M. Sloan has been elected president of the Jonesboro Rotary Club.

M. J. Kilbury and S. C. Fulmer have been elected sergeant-at-arms and director, respectively, of the Little Rock Rotary Club.

"Back Injuries: Their Legal Relationship to the Medical Profession," by D. E. White, El Dorado, appeared in the April Tri-State Medical Journal.

The Arkansas Tuberculosis Association elected A. C. Shipp, Vice-president, and J. D. Riley and H. A. Stroud, Directors, at a meeting held April 28th.

MARRIED—L. O. Greene, Pea Ridge, and Miss Emma Howard, Cassville, Missouri.

J. R. Lynn has been re-elected health officer at Hazen.

Fount Richardson, Fayetteville, addressed the Sophia Meyer P. T. A., Van Buren, May 6th on "Health."

M. C. John, Jr., Stuttgart, received the 32nd degree of Scottish Rite Masonry May 4th.

The following attended the recent Lions Club convention in Fort Smith: Fount Richardson, Fayetteville; Joe F. Shuffield, Little Rock; Robert Hood, Russellville, and C. H. Reagan, Marked Tree.

The Prescott Rotary Club has elected J. B. Hesterly, vice-president, and A. S. Buchanan, director.

F. J. Scully, Hot Springs National Park, has been elected a Fellow of the American College of Physicians.

"Fatal Iododerma Following Injection of Iodized Oil for Pulmonary Diagnosis" by D. W. Goldstein, Fort Smith, appeared in the May 9th issue of The Journal of the American Medical Association.

M. J. Kilbury, Little Rock, presented "Review of 100 Cases of Undulant Fever" before the American Society of Clinical Pathologists at Kansas City, May 9th.

E. C. Moulton, Fort Smith, presented "Bilateral Anterior Lenticonus" before the Section on Ophthalmology, American Medical Association, Kansas City, May 14th.

Val Parmley, Little Rock, addressed the Muskogee County (Oklahoma) Medical Society May 4th on "Medical Legislation."

B. D. Luck addressed the Arkansas Hospital Association at its session in Pine Bluff May 7th.

J. S. Rhinehart has been elected chief of staff of the Camden Hospital.

N. I. Stebbins has been elected Vice-president of the Nashville Rotary Club.

In the golf tournament held during the Hot Springs session, H. Fay H. Jones, Little Rock, retained possession of the Dewell Gann cup and C. H. Nims, Hot Springs National Park, won the Mountain Valley Water Company cup. Other prizes were won by S. J. Estes, Little Rock; H. King Wade, Hot Springs National Park, and E. E. Estes, Fordyce.

F. W. Carruthers, Little Rock, recently passed the examination of the American Board of Orthopedic Surgeons.

C. A. Lumsden has been elected president of the DeWitt Rotary Club.

The Arkansas Conference of Social Work was addressed at its April meeting in Little Rock by W. B. Grayson, D. T. Hyatt and Frank Vinsonhaler.

J. E. Stevenson, Fort Smith, won second place in the trap shoot and a prize in the skeet shoot at the American Medical Association.

F. W. Carruthers, Little Rock, participated in the Fracture Demonstration of the Scientific Exhibit at the American Medical Association.

A. C. Kolb attended the American Psychiatric Association in Saint Louis during May.

The 57th annual commencement exercises of the University of Arkansas School of Medicine will be held at the Senior High School Auditorium, Little Rock, at 8:00 P. M., June 8th. Geo. B. Fletcher, President, Arkansas Medical Society, will make the principal address.

M. S. Craig, Batesville, has been selected as delegate to the Kiwanis Convention in Washington during June.

The following members were registered at the Kansas City session of the American Medical Association:

S. J. Allbright, Searcy; Hoyt R. Allen, Little Rock; J. W. Amis, Fort Smith; O. L. Atkinson, Hickory Ridge; P. G. Autry, Little Rock; C. A. Bates, Lake City; Chas. Beeby, Huntsville; C. B. Billingsley, Fort Smith; E. A. Bing, Gilbert; W. R. Brooksher, Fort Smith; J. H. Burge, Lake Village; R. J. Calcote, Little Rock; E. A. Callahan, Carlisle; C. B. Callen, Fayetteville; F. W. Carruthers, Little Rock; Alan Cazort, Little Rock; E. J. Chaffin, Hughes; C. T. Chamberlain, Fort Smith; J. S. Coffman, Lavaca; Raymond Cook, Little Rock; G. D. Counts, Wesley; S. G. Daniel, Marshall; H. C. Dorsey, Fort Smith; F. M. Duckworth, Siloam Springs; W. G. Eberle, Fort Smith; Ruth Ellis, Fayetteville; J. W. Felts, Alicia; M. E. Foster, Fort Smith; T. M. Fly, Little Rock; W. N. Freemeyer, Little Rock; C. E. Garratt, Hot Springs National Park; A. A. Gilbert, Fayetteville; J. G. Gladden, Fayetteville; D. W. Goldstein, Fort Smith; W. B. Grayson, Little Rock; C. M. Harwell, Osceola; E. J. Haster, Dardanelle; Gordon Hastings, Little Rock; P. L. Hathcock, Fayetteville; B. H. Hawkins, Mena; H. G. Heller, Mena; B. E. Hendrix, Gillham; S. B. Hinkle, Little Rock; A. F. Hoge, Fort Smith; Robert Hood, Russellville; Earle Hunt, Clarksville; C. R. Jackson, Little Rock; Geo. F. Jackson, Little Rock; J. L. Jackson, Harrison; O. J. T. Johnston, Batesville; I. G. Jones, DeQueen; I. F. Jones, Fort Smith; C. H. Kennedy, Fort Smith; O. H. King, Hot Springs National Park; A. C. Kirby, Little Rock; O. J. Kirksey, Mulberry; H. J. G. Koobs, Rogers; F. H. Krock, Fort Smith; Edward Kultgen, Elaine; W. C. Langston, Little Rock; M. F. Lautman, Hot Springs National Park; A. H. Mann, Texarkana; C. S. Means, Fort Smith; Roy Millard, Dardanelle; W. H. Mock, Prairie Grove; C. S. Moss, Hot Springs National Park; E. C. Moulton, Fort Smith; M. E. McCaskill, Little Rock; O. B. McCoy, Harrison; Jim McKenzie, Hope; J. T. McLain, Gurdon; E. C. McMullen, Pine Bluff; J. C. Ogden, Fort Smith; D. L. Owens, Harrison; Val Parmley, Little Rock; R. Q. Patterson, Little Rock; J. T. Polk, Keiser; T. G. Porter, Hazen; B. V. Powell, Camden; J. T. Powell, Gravette; Pierre Redman, Fort Smith; C. C. Reed, Little Rock; J. D. Riley, State Sanatorium; B. L. Robinson, Little Rock; J. H. Shuffield, Little Rock; C. P. Cisco, Springdale; H. H. Smith, Fort Smith; H. T. Smith, McGehee; J. M. Smith, Russellville; W. D. Smith, Texarkana; J. E. Stevenson, Fort Smith; J. A. Summers, Little Rock; E. B. Swindler, Stuttgart; C. K. Townsend, Arkadelphia; B. L. Ware, Greenwood; R. E. Weddington, Fort Smith; R. H. Whitehead, DeWitt; Clay Williams, State Sanatorium; J. R. Williams, Siloam Springs; J. S. Wilson, Monticello; H. D. Wood, Fayetteville, and W. M. Woods, Huntington,

OBITUARY

JAMES WALTER WALKER—aged 56 years, died at Fayetteville May 4th, following an illness of several months. Born in Hindsville, January 17, 1880, he was educated in the schools of that place and received the Bachelor of Arts degree from the University of Arkansas in 1904. He received his degree of Doctor of Medicine from Washington University in 1915 and had practiced in Fayetteville continuously since graduation. He was a member of the Rotary Club, the American Legion, Washington County Medical Society, Arkansas Medical Society, a Fellow of the American Medical Association and of the American College of Surgeons and a member of the Baptist Church. From 1920 through 1925 he served as secretary-treasurer of the State Medical Board of the Arkansas Medical Society. During the World War he served with the Naval Medical Corps and later with the Army Medical Corps. Surviving are his wife, Mrs. Magnolia Miller Walker, to whom he was married on October 2, 1907; two daughters, Miss Maxine Miller Walker and Miss Helen Virginia Walker, and two sons, James Allen Walker and David Louis Walker.

E. BURKE BROWN—aged 56, died at his home in Cotton Plant May 6th. Born August 4, 1880, at Newport, Indiana, Dr. Brown received his medical degree from Louisville Medical College in 1903 and had practiced in Cotton Plant since 1911. In addition to his membership in the Woodruff County Medical Society and the Arkansas Medical Society, he was a member of the Odd Fellows lodge. During the war he served as a captain in the medical corps, U. S. Army. He is survived by his wife, the former Miss Audrey Goode, to whom he was married on August 31, 1914; two sons and a daughter.

WALTER MONROE MATTHEWS—aged 47 years, died in a Denver hospital May 2nd after an illness of three months. Although in ill health for a long time he had continued in his duties as Chief Medical Officer, Veterans Administration, Little Rock, until admission to a Veterans Administration hospital. He was born at Des Arc, July 21st, 1888, and was married to Miss Nonnie Sullivan of Dubach, Louisiana.

May 30, 1917. His medical training was received from the University of Arkansas School of Medicine, from which he graduated in 1915. For many years he had specialized in the diagnosis of tuberculosis. He was a member of the Pulaski County Medical Society, the Arkansas Medical Society, and of the Presbyterian Church of Des Arc. Surviving him are his wife, two daughters and a son.

WELLS FERRIN SMITH—aged 64, died suddenly of cerebral hemorrhage in Little Rock on May 19th. Born at Atkinson, Illinois, September 10, 1871, the son of a physician, Dr. Smith attended Drury College at Springfield, Missouri, where he received the degrees of Bachelor of Arts and Master of Science. He received his medical degree from the Saint Louis University School of Medicine in 1898 and the honorary degree of Doctor of Laws was conferred upon him by Little Rock College several years ago. Following internships at St. Mary's Infirmary and the Saint Louis City Hospital, he was house surgeon at the Frisco Hospital, Springfield, Missouri, until he entered general practice at Bonanza, Arkansas, in 1901. He moved to Little Rock in 1912 as district surgeon for the Missouri Pacific Lines, which position he held at the time of his death. In addition to membership in the Pulaski County Medical Society and the Arkansas Medical Society, he was a member of the Southern Medical Association and a Fellow of the American College of Surgeons, serving in this organization for some time as a member of the Board of Governors. On the State Medical Board of the Arkansas Medical Society he served two terms and had been its president. A staff member of the Little Rock hospitals, he was also Professor of Surgery in the University of Arkansas School of Medicine and was serving as President of the Arkansas State Board of Health at his death. Other affiliations included the various Masonic bodies, the 33rd degree having been conferred upon him, the Little Rock Country Club and the Second Presbyterian Church, in which he was a deacon. Particularly interested in boys and sports, he was a director of the Little Rock Boy's Club, and rarely missed a baseball game, wrestling or boxing match. He was married to Miss Sarah R. Blythe of Clarksville June 17th, who, with his son, Dr. John M. Smith, Russellville, and four daughters, survives him.

RANDOM THOUGHTS OF THE SECRETARY

April 26th. We join the advance throng for the Hot Springs session. Bob and Margaret Robins appear in papa and mamma suits of subdued hue. S. A. Thompson and Stanley Gates, resort habitués as they are, have the only straw hats on the scene. Thompson succumbs to good-natured railery and doffs his in favor of a felt. Every where activity which almost persuades us to go to work, but we reconsider, saving our energy for the days to follow.

April 27th. The morning starts with Parmley's legislative breakfast at 7:30; at which the host sets the example of ordering what you will, worrying not about the check. We are forced to leave early in order to see registration off which it proceeds to do with a considerable bang. Roll call finds representation most satisfactory and the first session is disposed of in an efficient way. Goldstein's reference to Belvedere Hospital appears to awaken no slumbering memories from the members present. No doubt this might better have been said after the Tuesday night party. The President's address is one of sober thought for our problems, causing us to ponder gratefully his many services to the Society during his administration. At a small gathering sponsored by Euclid Smith, A. C. Watson starts a single-handed boom for a dark-horse presidential candidate, to later find it a case of mistaken identity. The evening session well-attended by doctors and wives, the bald-pated medicos deriving slight comfort from Bauer's remarks on hair restorers.

April 28th. Most everyone up and about with enthusiasm. We start for the Section on Ophthalmology and Otolaryngology on several occasions, only to be detoured on various other missions. We mark this session down for sure attendance in 1937. I. G. Jones starts a "back to DeQueen" movement among some of the more exuberant members and explains, aside from his remarks, the advantages to be gained by the ability to mentally estimate certain heights. Casparis tells when to say "no" to children but neglects to impart the more important bit of knowledge as to when their mothers may be so addressed. We engage in the scientific session with a few remarks on Rhinehart's paper, only to be branded as an advertiser by the presiding officer. One kind member tells us he would not believe all that was said about roentgen-therapy even if it were so. In the evening with a small crowd of some 650 we enter the portals of Belvedere, enjoying every minute of our stay at the smallest outlay of cash per capita ever reported at this institution. This was a real party. If you are an unbeliever, ask the man who was there!

April 29th. Wootton arrives for the past-president's breakfast at 11:00 A. M., rural squire that he is. Today we ponder the predicament of the man who is now engaged in the effort to deliver promises made at the 1935 meeting. The orthopods take the morning meeting, presenting an able symposium. The final session comes with election accomplished and considerable business of moment transacted. Then, the rush homeward, tarrying shortly for a brief postmortem with the Fletcher's. Truly another good meeting has been held. We begin to look forward to Little Rock.

May 4th. In the capacity of bodyguards Sid and I accompany Parmley to Muskogee where he tells the Oklahomans how legislation is taken care of in Arkansas. We find his acquaintance there as extensive as else-

where and our glory as sponsors fades to mere participation as "among those present." Saddened, however, by the knowledge that Val has forgotten most of his country practice days; he attempts to remove Wolfermann's pet fishing lure from the car upholstery in the impression that it is a wandering katydid.

May 10th. Entraining for Kansas City, we generously relinquish our hard-won lower berth to an old high school football mate, now of some 250 pounds avordupois, who, with his wife, are contemplating a night in the one remaining upper berth. Some discussion of various medical topics before retiring among the careful of physicians, but more discussion of what that—ticket agent told me when I asked for a lower. Evidently, registration is to be great for this meeting.

May 11th. Entering upon the duties of a delegate to the greatest medical deliberative body, an education to us in all of its phases. Gratified that Arkansas is recognized by a committee appointment and by the reception given the resolution presented from the Hot Springs session.

May 11th. The House of Delegates demonstrates that sentiment of a worthy nature supercedes the constitution when it votes for the installation of Tate Mason in absentia. Impressed with the address of the Speaker declaring that present-day evils of medical men can be cured by the concerted action of physicians, hospitals, welfare organizations, health departments, and an educated public; conditions which cannot be cured by the imitation of any of the European systems for the distribution of medical care. We are concerned over the inertia of physicians in these times and wonder just what can be done to excite them to much-needed action.

May 12th. We observe the meeting of E. C. Moulton and an old classmate, firm in our conviction that neither departed medical school in debt to the other. Attending the open session in the beautiful auditorium, an occasion of solemnity and beautiful sentiment, not detracted from by the remarks of a candidate for party nomination who pleases us by his determined stand upon individualization as opposed to regimentation. We cannot but feel that the dominant party in Arkansas will seriously consider this statement in the formation of its future policy.

May 13th. This day we are able to visit our section and to wander in the exhibit hall, acquiring various bits of literature, samples of wheat germ food, leather, matches, cigarettes, shaving cream and assorted drinks of tomato juice, pineapple juice and a new one—a drink of a banana. Observing Allbright, Carruthers, Hoge and others similarly engaged. Peggy and I lunch with McCaskill, his expense, and meet a classmate of his—the other bright chap of that particular class. In the evening we attend a banquet session of radiologists where merriment abounds.

May 14th. W. H. Mock appears in the House of Delegates adding counsel to the deliberations of the Arkansas representatives. We proceed to cast our ballot as opportunity offers to the close of the session. As a finale to a great meeting, we visit with the Lockwoods, always a treat.

ANNOUNCEMENT

Dr. Dewell Gann, Sr., advises that he wishes to dispose of a half-interest in his practice at Benton, Arkansas. Physicians interested may communicate with Dr. Gann.

P R O C E E D I N G S
OF THE
SIXTY-FIRST ANNUAL SESSION
OF THE
ARKANSAS MEDICAL SOCIETY

Hot Springs National Park, April 27, 28 and 29, 1936.

**FIRST SESSION, HOUSE OF DELEGATES
APRIL 27TH, 9:30 A. M.**

Meeting called to order by M. E. McCaskill, President.

The following delegates or alternates answered roll call:

M. C. John, Arkansas; C. L. McNeil, Benton; J. G. Gladden, Boone; L. E. Ellison, Bradley; S. W. Douglas, Chicot; F. H. Jones, Clay; S. D. Kirkland, Crawford; B. M. Stevenson, Crittenden; H. T. Smith, Desha; J. S. Wilson, Drew; Thos. Douglas, Franklin; Euclid Smith, H. K. Wade, Garland; W. M. Majors, Greene; H. H. Darnall, Hempstead; W. G. Hodges, Hot Spring; T. F. Alford, Howard-Pike; L. T. Evans, Independence; A. L. Best, Jackson; J. M. Lemons, Jefferson; Wm. Johnston, Lawrence; P. H. Phillips, Little River; H. E. Murry, Miller; E. D. McKnight, Monroe; J. D. Robbins, Montgomery; S. A. Thompson, Ouachita; W. B. Bruce, Phillips; B. H. Hawkins, Polk; H. F. H. Jones, G. V. Lewis, Val Parmlay, Joe F. Shuffield, Pulaski; J. W. Ryburn, Randolph; J. H. Buckley, F. H. Krock, Sebastian; C. E. Kitchens, Sevier; J. A. Bogart, St. Francis; J. G. Mitchell, Union, and S. J. Allbright, White.

By action of the House of Delegates the following members present were seated as delegates:

R. C. Shanlever, W. E. Berry, Craighead-Poinsett; G. L. Henderson, Faulkner; F. J. Scully, Garland; Chas. Beeby, Madison; A. S. Buchanan, Nevada; T. C. Watson, Saline; E. A. Bing, Searcy; F. O. Mahony, Union, and P. L. Hathcock, Washington.

Other members of the House of Delegates present were:

President McCaskill, Past-presidents E. E. Barlow, E. F. Ellis, L. J. Kosminsky, J. M. Lemons, W. H. Mock, H. Moulton, D. A. Rhinehart and W. T. Wootton and Councilors H. A. Stroud, M. C. Hawkins, Jr., F. A. Corn, Jr., L. L. Purifoy, Don Smith, S. B. Hinkle, D. L. Owens and S. J. Wolfermann.

D. L. Owens, P. H. Phillips and H. K. Wade were appointed as Credentials Committee.

By motion the minutes of the Sixtieth Annual Session as published in the June 1935 issue of The Journal of the Arkansas Medical Society were adopted as correct.

The following Reference Committee was appointed: E. E. Barlow, L. T. Evans, M. L. Norwood, H. T. Smith and M. C. John.

D. W. Goldstein, 1st Vice-president took the chair.

President McCaskill read the annual address of the President to the House of Delegates.

**PRESIDENT'S ADDRESS TO THE HOUSE
OF DELEGATES
M. E. McCASKILL.**

It is my pleasure to state to you that the condition of affairs of the Arkansas Medical Society has improved during the past year. You will learn from reports of the Secretary and Treasurer that while the number of members has not increased as we had hoped, the treasury is in a healthier condition because of the restoration of the former dues.

The officers have worked in harmony during the year and I at this time want to express my appreciation and thanks to each of the Councilors, the President-Elect, the Vice-Presidents, Treasurer and last but not least our worthy Secretary and Editor of the Journal, W. R. Brooksher.

When I was inducted into the office I anticipated a great deal of work but knew I was more or less familiar with the duties though I did not realize the magnitude of the task. I have done more night traveling this year than ever before and though I had promised myself that I should attend every medical meeting of importance during the year I have failed to do so, not because of unwillingness but because of the physical impossibility of being in two or more places at the same time. However, I have attended meetings in all parts of the state and now that my term has expired I regret more than anything that I was not able to attend every one of the meetings. The meetings have all been instructive and inspiring and with the continued cohesion and co-operation that is now manifested I am confident we will develop greater efficiency in our work and exhibit more influence in our state affairs.

The medical work in connection with the late

lamented FERA is a thing of the past, thank God.

The effort on the part of certain minor government officials to impose upon the profession a complete and exhaustive physical examination of some forty thousand clients who were being transferred from the F. E. R. A. to the W. P. A. for a fee entirely disproportionate to the time and the skill required was defeated by the very prompt and energetic action of the Council and your Secretary.

There are many problems to be solved if we are to survive and continue our work in a way that will permit us to continue to have pride in our progress and confidence in the future of medicine.

You will hear much of these problems at this meeting since the program committee has very wisely gone to the fountain head for such knowledge, as you may see by reading the program they have prepared. It is to be hoped every one will listen closely and consider seriously the problems having to do with economics and ethics, this not only for our sake but for the sake of the doctors of the future, our sons, who will soon have to grasp the banner that we will have dropped.

The question of the government in medicine and the corporations such as the great railroads, as well as certain groups and organizations whose very existence depends upon solicitations of patients and other methods of unfair competition, will have to be solved.

We have had the minimum of trouble within our ranks. Of course there are always a few difficulties but in the presence of the morale and spirit of fairness and sympathetic understanding in the membership that we now enjoy we should soon settle those troubles and be ready for others as they develop.

I should not close this report without expressing to you my belief that we have had the complete co-operation of the State Health officer, Dr. W. B. Grayson.

You will soon hear the reports of the various committees and then you will understand why I am able to say that no one could have had more thorough co-operation than I have enjoyed. Let me quote "All for one and one for all."

J. N. White, Texarkana, was presented as the fraternal delegate from the Texas State Medical Association and addressed the session. A. C. Shipp was presented as the fraternal delegate from the National Tuberculosis Association and the Arkansas Tuberculosis Association and addressed the session.

By motion the secretary was instructed to send a telegram of sympathy to R. G. Leland, Chicago and Frank Vinsonhaler, Little Rock, unable to be present because of illness, and to Dewell Gann, Sr., unable to be present because of the illness of his wife.

W. B. Grayson, State Health Officer, addressed the session stating that the Children's Bureau will furnish a specialist in obstetrics to travel over the state in the interests of postgraduate study, the county societies only being required to furnish meeting places. He also stated that the crippled children's work had been assigned to the State Health Department by the Governor, a designation as yet unapproved by Washington authorities. It is the intention of the State Health Department to request an advisory board on these matters if the assignment is made permanent.

The Credentials Committee reported that the credentials of the delegates present had been examined and found correct.

REPORT OF COMMITTEE ON SCIENTIFIC WORK

R. B. ROBINS, Chairman

The results of the efforts of our Committee are before you today, tomorrow and Wednesday. We hope that we have prepared a program that will instruct and entertain you. We are sorry that two of our out-of-state guests, Dr. George Carlisle and Dr. R. G. Leland, are unable to be with us. Our program is full, however, and we hope you enjoy it.

We suggest that the host city the coming year select the date of the meeting next year far in advance. The early selection of a date for the meeting is a great aid to the program committee in arranging the program. The Committee this year has been at work on this program since the adjournment of last year's meeting at Fort Smith.

We desire to thank all of the physicians who are appearing on this program for their effort.

REPORT OF COMMITTEE ON MEDICAL LEGISLATION

VAL PARMLEY, Chairman

The Committee on Medical Legislation met, in response to the call of the Chairman, at breakfast this morning in this hotel to consider this report, certain recommendations contained herein and other business concerning medical legislation. Besides the members of the Committee those present as guests of the Chairman were our President, Dr. M. E. McCaskill, our President-Elect, Dr. George B. Fletcher, our Secretary, Dr. W. R. Brooksher, President of the Council, Dr. S. J. Wolferman, and our legal adviser, Honorable Peter A. Deisch. This was the only meeting called during the past year. Your Chairman has met with and spoken before several of the district society meetings in the past year concerning medical legislation.

Also your chairman has been in frequent communication with our President and Secretary as well as

chairmen of other state legislative committees concerning medical legislative affairs. He also spoke before the annual Secretaries Meeting at its session in Little Rock, at which time our problems were discussed with Dr. Olin West, Secretary of the American Medical Association concerning matters before Congress affecting the practice of medicine throughout the United States.

This being an "off year" so far as State Legislative procedures are concerned your Committee has had little to do except to keep in touch with the Profession as occasions have arisen. Of course, many individuals have talked with us or written to us suggesting many bills to enact into law. Most of these things already are contained within the laws covering the practice of medicine in this State. A few of the suggestions would provide for laws which would be unconstitutional if enacted, other suggestions were rather drastic and were undoubtedly born of one individual's grievances toward another. That is to say, these individuals offering such suggestions do so because of certain conditions obtaining in another community providing the doctors of that community with a better source of income than does exist in his community. Naturally work on the levees of the Mississippi River which provides the doctors in those communities with more work cannot be expected to aid those men in communities removed from that work district. Certainly no laws can be enacted to force injured or sick individuals to go to communities further removed than is necessary for competent treatment. The State Society cannot be expected to support bills of a local nature.

Recently there has been considerable agitation by lay groups with reference to a workmen's compensation law. Your Committee has brought this matter to the attention of the House of Delegates before at which time the House accepted the Committee's recommendation that it go on record as supporting such a bill if it provides a fair compensation for professional services. It appears that at the present time no workmen's compensation law can be enacted until certain changes are made in the State constitution. Moreover, we believe that it is imperative that any acceptable bill should provide for a Medical Advisory Committee to serve the Commission. Furthermore, we desire to advise this House to go on record agreeing that there should be a reasonable limitation upon fees for professional services rendered, but that this limitation shall be commensurate with the fees charged under ordinary conditions and circumstances.

Without doubt another attempt will be made in the next General Assembly to enact a bill into law providing for the sterilization of the incurable insane and the habitual criminal. We believe that the Society should not sponsor such a bill, but probably should support such a satisfactory measure if proposed by another group.

Upon several occasions, during the past year, the question of administration of anesthetics by other than graduate physicians has been brought to the attention of members of your Committee. This question was disposed of in the meeting of the House of Delegates in 1934, when it was decided to instruct this Committee to offer no such bill for consideration by the Legislature. Until otherwise instructed your Committee will rest upon that decision.

For the first time in many years this Committee comes to you with no recommendations as to proposed laws governing the practice of medicine; therefore it now

appears that the chief function of your Committee in the coming General Assembly will be one of defense. We wish to remind you that every bill which the Society has proposed for enactment into law in the past four General Sessions has been enacted into law and that no bill which has been intended to lower the standards of medical education or the practice of medicine has passed both Houses.

We wish to advise you that the three medical elements of this State; namely, the Arkansas Medical Society, the University of Arkansas School of Medicine, and the State Board of Health, have been working in close harmony for the past several years to the end that much more has been gained with much less effort.

We have for years been encouraging the members of our Profession to become politically minded. That is, to take an active interest in their local elections; to take an active part in their local governing bodies, such as their quorum courts and city councils and to personally contact those whom they send to the Legislature concerning medical matters. It has now reached the point where it is imperative that they do so because of social security legislation which is just beginning to become effective.

In conclusion we desire to thank our President for giving us the opportunity to serve the Arkansas Medical Society during the past year in the capacity of the Committee on Medical Legislation.

SUPPLEMENTARY REPORT OF THE COMMITTEE ON MEDICAL LEGISLATION

In view of the fact that very few of the members of this Society are familiar with the laws governing the practice of medicine in this State I desire to offer a motion that our Legal Advisor be instructed to prepare a resume of all of these laws together with such comment as he sees fit to add, and that this resume be forwarded to the Secretary for publication in at least one issue of the Journal during the coming year. Also that such expenses as necessary be provided by the Treasurer.

Without doubt many members of our Profession have not been taking advantage of privileges provided for us by law because of lack of information and knowledge regarding these laws. Moreover, I believe that every man should certainly be passing familiar with the laws governing the operations concerning his own business. He owes it to his profession, to his patients and to himself.

The thought behind this motion is based on the number of suggestions for bills to be enacted into law which in fact are already thoroughly covered in the Medical Practice Act and the laws governing the practice of medicine. I submit this as a motion.

REPORT OF COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

W. B. GRAYSON, Chairman

The Committee on Public Health desires to submit the following report:

We regret to report only one meeting, but it is very difficult to get the committee together. The only meeting of this committee was held in Memphis during the session of the Midsouth Clinical Conference, with a minority present.

It was the opinion of the Committee that more public health education should be carried on in the state.

It was thought that each county or district medical society should have an open meeting from time to time and invite the general public. It would probably be best to invite a speaker from a neighboring county or another section of the state to deliver an address on some problem which would interest the people. Among other things, it was thought that this might encourage more annual physical examinations of adults. It was believed that talks by personnel of the State Health Department to Public schools and other organizations over the state on public health and preventive medicine was worthy of consideration. "We urgently request the co-operation of the Committee on Public Relations, the Council and the Woman's Auxiliary of the Arkansas Medical Society in establishing a Speakers Bureau to carry out this method of contacting the public."

Due to lack of state funds and the failure last August of the Social Security Bill carrying an appropriation, public health activities in the state have been curtailed. The State Health Department has managed to keep about eighteen full units and approximately thirty-five Public Health Nurses in the field.

The Sanitation programs carried on with funds from the W. P. A. have helped to decrease the typhoid rate to some extent as shown by statistics. The State Health Department has constructed around 51,500 sanitary pit privies in the state of Arkansas since 1933.

In the Malaria Control program carried on with W. P. A. funds we have constructed several hundred miles of shallow drainage ditches, and statistical records show that malaria has decreased moderately since 1933.

During the past winter there have been no unusual outbreaks of communicable diseases except meningococcus meningitis, influenza and pneumonia. Other communicable diseases, such as measles, mumps, whooping cough, scarlet fever, etc., were not beyond the normal expectancy for the seasons.

The Deficiency appropriation of the Social Security Act was made available February first. These funds will terminate June 30, however, it is hoped that additional funds will be made available. The State Health Department participates in these funds essentially on a matching basis and since state funds are limited we can only secure a limited amount available for this state. These funds are to be used solely for paying salaries of personnel used in the building up of present health units and with the possibility of expanding the program. The regulations concerning the expending of these funds require that only trained public health personnel be assigned to duty. The State Health Agency has now two young physicians and fifteen graduate nurses attending school in Nashville, Tennessee, and upon completion of their courses the latter part of June will be available for assignment, after undergoing a training period with an established unit in this state. The Social Security Funds are made available through two Federal agencies, the U. S. Public Health Service and the Children's Bureau of the U. S. Department of Labor. The Public Health Service funds may be used only in organizing or building up full time health units. The Children's Bureau funds are to be used in building up maternal and child health service. There is a possibility that funds will be made available for special health needs in the state, such as tuberculosis, trachoma, and probably malaria and pellagra. It is the opinion of the State Health Officer, and concurred in by this com-

mittee, that the future expending of any public health program in the state should not progress on too rapid a basis. The personnel assigned in public health work must understand their field of activity.

We also desire to report that through the official health agency of this state invaluable aid has been rendered cities and communities in repairing and enlarging water and sewage disposal plants, or in the construction of new water and sewage disposal plants through the co-operation of the P. W. A.

The milk control program has improved considerably, however, there are only eleven cities in the state operating under the Standard Milk Ordinance.

The State Hygienic Laboratory is concentrating its work on problems of public health significance. The examination of pathological specimens has decreased after information was sent out by the Hygienic Laboratory to the effect that in its opinion too many free specimens were being received for examination. Pathological examinations are made at the University of Arkansas School of Medicine.

It might be of interest to know that public health work in this state has had favorable comment from the U. S. Public Health Service and the Rockefeller Foundation.

SUPPLEMENTARY REPORT OF COMMITTEE OF HEALTH AND PUBLIC INSTRUCTION, MADE TO THE ARKANSAS MEDICAL SOCIETY, APRIL 27, 1936

1. This committee recommends that post graduate instruction on Obstetrics be given the physicians of this State in the form of lectures, demonstrations, etc., under the supervision of the State Board of Health, at several district points over the State; the expense to be borne with funds of the Children's Bureau of the U. S. Department of Labor, Washington, D. C.

2. The State Board of Health, being a child of the Arkansas Medical Society, and always working in harmony with it, and having been created by an Act of the General Assembly of 1913, this committee unreservedly is opposed to any law, rule or regulation that would place any activities of the State Board of Health under any other commission or Board, or department of the State government.

3. WHEREAS, the Governor of Arkansas has authorized the State Board of Health as the official agency to carry on the work of the Crippled Children's Commission, as outlined in the Social Security Act, Title 5, section 2. That the committee appreciates the responsibility of this work, and believes it should be handled through the State Board of Health.

REPORT OF COMMITTEE ON EDUCATION AND HOSPITALS

JOE F. SHUFFIELD, Chairman

The undergraduate work of our state medical association is better now than it has ever been in the past due to the completion of the new medical school building in Little Rock. It is the pride of the faculty and student body. The building is very beautiful and the equipment is new, complete, and of the best quality. The X-ray equipment is now ready to do any kind of diagnostic and therapeutic work. The chemistry department is able to do any test that the clinical department requires. The clinical department is a very busy place, well-kept and is rendering a great service. Each junior and senior has his own laboratory for clinical

cases, as though the patient was under the care of a private physician. These students are carefully checked up on their clinical and laboratory work. The classrooms are most completely equipped for doing thorough and practical work.

The medical school is meeting the requirements of Council on Medical Education, of the American Medical Association, and the Association of Medical Schools with the exception of hospital-bed patients. Much clinical material is furnished by the Isaac Folsom Clinic, Pulaski County Hospital, Arkansas Childrens' Hospital, Missouri Pacific Hospital, St. Vincent's Infirmary, Baptist State Hospital and State Hospital for Nervous Diseases. The enrollment in the medical school is 298.

Last year this committee recommended that the state medical association sponsor a postgraduate study and it was favorably acted upon. The Dean, Dr. Vinsonhaler, invited the profession to use the medical school, which was accepted and the present administration appointed a Postgraduate Study Committee which we understand has had meetings and have plans about ready for the first course to be given in June of this year. We are sure this work will be well done and will be of great benefit to the membership of our society in proportion to the attendance to these assemblies. We understand that this Postgraduate Study Committee is to give a report which will be excluded from our report.

There are 65 hospitals registered in Arkansas. Eleven hospitals were refused registration and there are several small places that have not made request for registration. Many of the larger hospitals have made much improvement in their equipment and are doing a high type work.

There are seven hospitals giving training courses for nurses with a total enrollment of about 300. All of these schools are meeting the requirements of the National League of Nursing Education. These schools are appreciative of the help of the staff physicians in giving training to these young ladies. The new curriculum recommended by the National League is far superior to the old and we believe the future nurses will be much benefitted by this new plan of teaching nurses. The State Hospital is now employing several graduate nurses and Little Rock City and Arkansas Children's Hospital employ only graduate nurses.

The postgraduate work, recommended for the nurses and endorsed by the association last year has not been worked out but is being studied.

This committee still thinks that our profession should lend itself to educating the public on certain medical subjects. Some of this work has been done this year.

There has been considerable demand that our society foster a State Hospital which is so badly needed by the medical school and by a great number of poor people over the state, but we feel that is not in our field of operation and make no recommendation on this subject.

REPORT OF THE PUBLIC RELATIONS COMMITTEE

D. A. RHINEHART, Chairman

Your Public Relations Committee was not called on for much assistance during the past year, and the members of the Committee were so busy with their own affairs that they did not have the time to inaugurate any new activities.

One project was presented to the Committee for consideration. A promoter, whose name need not now be mentioned, appealed to the Committee with a scheme for promoting a Better Babies Contest to be sponsored by some lay group with the aid and assistance of the medical societies in the different counties. The project had several novel and interesting features, but the Committee thought that his ideas of the monetary returns were entirely too grandiose. The Committee took so long to consider the proposition that the promoter apparently became discouraged and took his proposition and talents to a more responsive field.

The Chairman of the Committee prepared and presented a paper at the first Secretaries' Conference on the value of the Public Relations Committee to the County Medical Society. This has been published in The Journal.

Because of the nature of public relations work, the greater part of it must be done in the different counties. To this end more of the county societies should have Public Relations Committees. A few county societies have such committees. One of the active Committees is in White County, which is under the direction of Dr. M. C. Hawkins of Searcy.

This Committee has sponsored a weekly article in the newspapers on some phase of public health and medical practice, and it has provided speakers for lay group meetings. The State Committee was able to provide two of the speakers for these occasions.

Other active committees are in Ouachita, Sebastian, and Pulaski Counties. Public health items provided by that prince of first class fellows and good medical society man, Dr. R. B. Robins, have been a regular feature in the Camden newspapers. The personnel of the State Board of Health provided a weekly broadcast over one of the Little Rock stations until it ran out of material. This period was given the Public Relations Committee in Pulaski County. The Committee has carried it on successfully for the last two months.

Every county medical society should have an active public relations committee. Much good can be accomplished through these committees. This chiefly should take the form of proper medical publicity both in the form of newspaper items, speakers, etc. The co-operation of the State Secretary's office, that of the state committee, and the assistance of the Headquarters office of the American Medical Association through Hygeia and the Bureau of Health and Public Instruction are assured.

The Public Relations Committee of the State Society has under contemplation the formation of a state-wide Speaker's Bureau. The object of this bureau will be to provide speakers both for medical and lay group meetings. When the plans for this bureau are further completed, it will be given publicity in The Journal.

REPORT OF COMMITTEE ON MEDICAL ECONOMICS

A. C. SHIPP, Chairman

Your Committee on Medical Economics, after study of the various phases of this subject, is convinced that a serious menace to the continued progress of medical science, the practice of medicine and the physical welfare of the human race has arisen.

This menace arises from the attempt of economics to place medical service in its relationship to the patients in the same category as material goods. This

is fundamentally wrong. The reasoning establishing this conclusion, as well as the process of evolution that has made it necessary for us to provide at this time the proper adjuvant for further progress in medical economics, cannot be incorporated in this report as it involves a review of the whole system of economics as evolved to date. We, as members of the medical profession, occupy, because of our peculiar relation to the welfare of the race, almost the center of the stage in the drama, called evolution. We should therefore stand ready to respond with our best effort to this forcing urge coming upon us at this time from a progressive program of the race.

In that division of medicine we have called Medical Economics, from time to time certain principles known as Medical Ethics have been evolved and enunciated. Because they have grown out of an unselfish experience and have not been enunciated until their fundamental worth has been proven, we feel that we can state that the present system of economics and ethics so far as it goes has the following arguments in its favor (these arguments suggested by Paul H. Douglass):

1. It affords the most vigorous and dependable stimulus to work and effort on the part of the physician that we can devise.

2. It is the most effective way of eliminating the weak, the insincere, the inefficient and the dishonest from the profession and thus protecting the welfare of the people.

3. It grants freedom of choice and power of discharge to the patient thus fostering confidence.

4. It has justified itself by its record of achievement during the last four hundred years in the conquest of suffering and disease and the lengthening of the average span of life from eight years to fifty-seven years, to say nothing of its contribution to human happiness in general.

5. It is the best method of apportioning professional energies and scientific resources to the ends which humanity desires and needs.

It is in this last field, the method of applying medical science to human needs, that the point of progressive urge is forcing us to devise more effective means of making available modern medical knowledge to all the people, regardless of their status, as determined by material resources and at the same time lose none of the advantages of the close personal relation of physician and patient and all that this fine complex, almost paternal relation, means. It is here that the form of material economics and the form of service economics touch and call for the creation of a new school or system of economics that shall include and co-ordinate both material and service economics. Our close relation to this problem, our fitness, and our special training lay the obligation upon us of demanding the right of working out any improvements in our present methods of dealing with this need.

We are living in a time of social unrest and experimentation. Mistakes are being made, largely because of a desire for immediate action and change. In this particular field of medical economics many and various schemes are being tried. We recommend study and evaluation of all these and the selection of such practices as prove themselves by trial able to meet the need.

Our profession is now divided into two groups:

1. The diagnostic group.

2. The therapeutic group.

It is this first group that is the agent of progress in agitating the question of cost of medical care, out of which grows contract practice, medical and health insurance, and like problems to challenge the profession of medicine and sociology to work out a solution. This group is the middle man in medical economics, indispensable to both the physician and the patient as well as to the further advance of medical science and demands a high degree of training, skill, knowledge and investment of material capital. At once we see we cannot dispense with this group. How shall it be dealt with, fed, supported? Your committee does not know, however, history and experience whisper in unison, "tax." It is a common social necessity, belonging largely in the field of material economics, hence a public obligation.

The second, i.e., the therapeutic group, is composed of that part of the profession that applies medical knowledge to the needs of the race. It occupies the close personal relation to the patient the profession has always held. It occupies a place in the field of service economics. It deals with the furnishing of service that has to do with life, health, happiness, home, social relations—terms representing immaterial, intangible value, yet without these all other currencies would deflate to zero and human existence would be empty. How, then, can adequate and satisfactory compensation be made to this group? As it always has been, in the relations established between the doctor and his patient: a fee that will enable the doctor to carry on with his work, live in comfort and keeping with the dignity of his profession, and contribute toward the care of those who are unable to care for themselves, a duty of all citizens as well as the doctor. Both parties know and feel that the material value that exchanges hands is not the compensation that the doctor desires or the patient wishes to give. On the part of the patient it is a token of appreciation for services and an emblem of love and esteem for one who has administered in a field where the patient was helpless. On the part of the doctor it is the acceptance of this token which his human necessities force him to take in order to accomplish all that society expects of him and the amount is such as should be agreed upon between the doctor and the patient, in keeping with the spirit of the above doctor-patient relationship and financial ability to the patient.

In view of the above consideration and others too numerous to mention, we recommend:

1. That the Committee on Medical Economics be composed of six members of the Arkansas Medical Society to be appointed two to serve for a period of two years, two for four years, and two for six years. As the term of these appointees expire, their successors shall be appointed for the term of six years.

The Committee on Medical Economics shall study all matters pertaining to this subject and report to the Arkansas Medical Society. They shall meet with the Council upon request of the President in connection with questions dealing with Medical Economics.

2. The further study of various plans of dealing with the indigent and low wage group. In our opinion it would be ill-advised to propose, at this time, an attempt to carry out any definite procedure dealing with this subject as we have the opportunity of observing many experiments now being carried on in this field.

3. That the Arkansas Medical Society oppose any

plan that does not allow the patient free choice of physician as well as the physician a free choice of the patient; that does not safeguard the patient in his right to employ and to discharge his physician without loss of interest in funds accumulated for medical service.

4. That the Arkansas Medical Society disapproves the action of any of its members who may render medical services to clients of a group practicing contract medicine on a term basis, for the group, at a less charge than would be made to their own patients or who cares for the clients of such a group on a commission basis. This resolution not to apply to industrial groups as provided for in the by-laws of the Society.

5. That the Arkansas Medical Society do not oppose old line health and accident insurance, insurance for hospitalization provided patient has choice of hospital and provided hospital does not try to influence patient in choice of physician.

6. That, because laws are pending providing for care of indigent, aged and unemployed, statutory power be secured from the state granting the following or similar rights taken from act of Wisconsin Legislative Acts 1935:

The State Society, or a county society in manner approved by the State Society, may undertake and co-ordinate all sickness care of indigents and low income groups, through contracts with public officials, and with physicians and others, and by the use of contributions, co-operative funds and other means, provided only that free choice of physician, within such contracts shall be retained and that responsibility of physician to patient and all other contract and tort relationships with patients shall remain as though the dealings were direct between physician and patient.

7. That a special drive be made to enlist all eligible doctors in the State Medical Society in order to provide a united program for solving economical questions with new governmental agencies.

REPORT OF THE COMMITTEE ON SCIENTIFIC EXHIBIT

H. KING WADE, Chairman

The exhibits which we have secured for this session will be found on display in the adjoining hall. We feel that these are a credit to any medical meeting and hope that you will visit these to your profit.

W. H. Mock, Chairman, Committee on Necrology, advised that his report would be given at the Memorial Session Tuesday morning, April 28th.

REPORT OF CANCER CONTROL COMMITTEE

D. W. GOLDSTEIN, Chairman

Your Cancer Control Committee began this year with enthusiasm, believing that with the material available through the American Society for the Control of Cancer and publicity through our State Journal, that every county medical society would co-operate.

The material this year consisted of film strips of cancer of the breast and cancer of the uterus for medical society programs. "Fighting Cancer With Knowledge" was the title of a film to be shown to the public. This film accompanied by a talk makes a very satisfactory

program. The University of Arkansas Medical Department has used these for teaching purposes.

Several county societies also had public meetings and society programs on cancer. Approximately 5,000 people were reached this year. Every society that has had a public meeting has been pleased with results.

An important conclusion, based on ample statistical data collected and made public by the American College of Surgeons, is that death from several types of cancer could be significantly postponed and probably the actual death rate from these same types could be materially decreased if the American people were educated to recognize early signs and symptoms which may mean cancer and were willing to report such signs and symptoms at once for examination and treatment.

The only way to fight cancer is by educating both the doctor and the public. When we have the opportunity of doing this without any expense and do not take advantage of same, your committee feels we are failing in our responsibility. The American Society for the Control of Cancer answers every request; is liberal with literature; has furnished two film strip projectors in this state; all this educational exhibit without cost to this society. They receive no remuneration whatsoever. In general, the activities of the Society are divided into three groups: 1. Educational; 2. Research; 3. Executive.

The first, Educational, includes the preparation and distribution of literature for the laity, the medical profession, the dental and nursing professions; the loan of education films; the maintenance of a field force consisting, at present, of four medical men engaged in promoting the establishment of diagnostic and treatment facilities for cancer throughout the United States; the maintenance of an information bureau, at headquarters, for individuals seeking information on cancer facilities, etc. The Society issues a monthly Bulletin which is mailed to all members and to many other interested individuals. In addition, the educational program is furthered by State Chairmen, who are appointed annually and who serve without pay. They act as information bureaus for their districts. The field representatives concern themselves primarily with medical education on the subject of cancer. In addition to promoting the establishment of clinics, they engage in making surveys, give advice and aid to hospitals and private physicians and co-operate with state health departments, state chairmen of the Society and officers of state and county medical societies. The Society co-operates closely with the American Medical Association and the American College of Surgeons.

The second, Research, is conducted by two trained workers engaged in various studies as particular needs or requests arise.

The third, Executive, division is represented by the Managing Director and his staff, and is self-explanatory.

The Society is supported by interest from endowment and other funds and dues and voluntary contributions.

There are three members of this Society from Arkansas. Two are in arrears.

There are three classes of membership—

Annual members \$5.00 per year.

Sustaining members \$25.00 per year.

Patrons \$50.00 per year.

We recommend to the House of Delegates that at

least two patrons memberships be taken by this Society, in appreciation of their assistance and co-operation.

Let's help take cancer from second cause of death down as low as we have taken tuberculosis. As you know, this has been done by publicity.

REPORT OF THE COMMITTEE ON ARRANGEMENTS

H. KING WADE, Chairman

The program committee has already presented its report. Garland County Medical Society has prepared for your coming and we hope you enjoy yourselves as we would have you in Hot Springs National Park. Your particular attention is directed to the public session to be held in this hall tonight and to the banquet to be held at Belvedere Club tomorrow night.

REPORT OF POST-GRADUATE STUDY COMMITTEE

Little Rock, Arkansas, March 23, 1936

The first meeting of the Postgraduate Study Committee was on March 23, 1936, at the Arkansas Medical School with the following members present: Drs. Frank Vinsonhaler, Chairman; D. A. Rhinehart, Vice-chairman; O. J. T. Johnston, M. C. John, A. S. Buchanan, B. L. Robinson, J. H. Fowler, J. A. Foltz and S. C. Fulmer.

Dr. Vinsonhaler presided and gave us a very beautiful and instructive review of the necessity and origin of the Postgraduate Study Committee. He had planned to have the first postgraduate course to open this spring with Dr. James S. McLester as the principal out-of-town speaker but this proved to be impossible because of prior engagements by Dr. McLester.

The chairman expressed his admiration for the personnel of this committee by stating that he could not have selected a better one and hoped that it could be held together in the years to come.

The Dean stated that the new medical school plant was finished and ready for any use that the profession wished, and that the school has an "A" rating. The requirements of the American Medical Association are not met completely. The City Hospital averaged only 51 patients per day while the American Medical Association requires 200. He stated that a state general hospital, so badly needed, is the only solution to this. This medical school should not only make better doctors but should make doctors better. He finished by telling us the doors to the medical school are open to the profession and hoped that it would be used freely and frequently.

A telegram from Dr. Euclid Smith and a letter from Dr. R. B. Robins regretting their inability to attend was read.

It was decided, after considerable discussion, to follow in a general way, the plan outlined in a letter from Dr. R. B. Robins of Camden, Arkansas. He suggested:

"There be arranged four sessions of two days each presented during the year at the medical school in Little Rock. Each quarter a two-day session could be held. Divide it up among the various fields as follows: Two days obstetrics and gynecology; two days general surgery; two days general medicine; and two days in the specialties. In order to make it a success, one or two outstanding, out-of-state men in the field in which the course is being given, should be invited to give

lectures. The remainder of the program could be furnished by state men. I believe it will prove more successful by giving it two days at a time, because it is easier for doctors to get away for two days than it is for a week. The courses could be financed by charging a registration fee of \$5.00 for each course. I think this type of a program can be put across and the doctors of Arkansas will appreciate it."

It was brought out in the discussion that it is impossible to separate medicine and surgery completely and that the surgical phases of surgical cases should be given in the same program and that the medical aspects of surgical cases should be given in the same program.

It was decided that a medical program should be given first, surgery second, obstetrics and gynecology third, and the specialties last.

On motion by Dr. A. S. Buchanan a program committee will be appointed to arrange the programs. He also suggested that the absent members be contacted for their opinion about the programs being arranged as outlined above or having them mixed.

On motion by Dr. D. A. Rhinehart a luncheon meeting will be held on the first day of the state medical meeting in Hot Springs.

Dr. J. A. Foltz suggested that all members be polled as to what subjects should be covered in the first meeting and when the first program should be given.

COMMITTEE ON THE AUXILIARY

L. F. BARRIER, Chairman

The Committee on Relations with the Medical Auxiliary reports frequent meetings with the President of the Auxiliary during the year.

At our first meeting it was decided to co-operate with all the women's clubs in their programs for social betterment; to actively champion those causes advocated by the state medical society and to work unceasingly against any program detrimental to organized medicine; to most actively support the program of the National and State Tuberculosis Associations, pre-school examinations, and more complete instruction for expectant mothers.

This program has been faithfully followed with enough evidence of betterment of conditions to warrant the belief that greater and more gratifying results will follow in the future.

REPORT OF THE COUNCIL

S. J. WOLFERMANN, Chairman

We wish to present a short summary of the Council's activities since the last regular meeting in Fort Smith:

During the summer we went along with the customary work of E. R. A. with few complaints, but suddenly, about the 1st of August, Mr. Dyess entered his order of switching all people from E. R. A. to W. P. A. and requesting a rather extensive examination for \$1.00. Your Committee and the Council immediately got in contact by telephone, with the result, as you know, that a letter was sent you August 8th.

We wish at this time to acknowledge our appreciation of the wonderful support given by all county medical societies in refusing to make this examination. We feel that at least we have established a precedent in this regard.

The Mid-Winter meeting of the Council was held December 4th, 1935, in Little Rock, with all members present, including the President and President-Elect. Doctor Grayson presented an analysis of the Social Security Act with reference to its application in the state of Arkansas and to Arkansas physicians. Inasmuch as it had no particular immediate effect, no action was taken.

Doctor Grayson also discussed a proposed movement in this state to re-establish a trachoma hospital, but it was his opinion and the opinion of the Councillors that for the present this be disapproved, principally on account of finances.

The question of the State Medical Society organizing a Speakers Bureau, both on medical and lay subjects, whereby any county society could obtain a speaker on short notice, was discussed, and President McCaskill was requested to form such a bureau. This in turn was referred to Doctor Rhinehart, Chairman of the Public Relations Committee.

Information was presented to the Council concerning the matter of the Missouri Pacific Hospital Association receiving as patients the families of employees at the Little Rock Hospital either at reduced rates or as free patients. It was the unanimous opinion of the Council that this matter could be handled best by conference, particularly when we considered the excellent ethical standards of the members of the staff, and President McCaskill was authorized to confer with the staff and the chief surgeon and request that dependents of employees not be treated at reduced rates and fees, except those who need it on a strictly charity basis.

By motion a committee was authorized to see if it were feasible to have a State General Hospital in this state, and to present their plans and report at the 1936 session.

A motion was made to dispense with the services of an official stenographer for the 1936 session, as it was found both practical and economical at the 1935 session.

The following other matters were discussed:

Advertising in the Journal; merger of county societies to obtain better attendance and programs; condition of the Society's finances; activities of the Council and the various new forms of medical practice for the care of indigents in the state.

It was definitely decided to hold a conference of County Secretaries, feeling that such a conference would be of intense advantage to all secretaries and would improve the County Medical Societies of the state. Such meeting was held January 6th, 1936, and a report of this meeting and the papers read were published in the March Journal. Doctor Olin West, Secretary of the American Medical Association, of Chicago, was present and was apparently much pleased with the conference. The Council voted \$50.00 for the expense of this conference.

A resolution was adopted favoring the instruction of medical students in the activities, advantages, services and ethics of organized medicine, a copy of which was sent to the Medical Department of the University of Arkansas, and to the American Medical Association.

It may interest you to know that the Peoples Hospital Association, which has so long caused trouble in Fort Smith, was trying under false claims to get a foot-hold in the city of Sapulpa, Oklahoma. The manager of that city very properly wrote the State Medical Association

and we were able to furnish him sufficient information regarding this type of practice, we also wrote to the County Medical Society of Sapulpa and the Oklahoma State Medical Association, and we believe we have nipped this in the bud, rather than having to have Oklahoma break it up after it was started.

With the considerable discussion that goes on from time to time, with new ideas of contract practice and new systems of practice, there is one thing to me that seems very evident. Organized medicine definitely holds the upper hand if organized medicine sticks together and the individual members do not get "cold feet." There are over 100,000 members in the American Medical Association, and the entire United States cannot get along without them. The Congress of the United States, the President and no one else can put over any system unless members of this association "break over" and "fall" for their promises. The same thing is true in Arkansas. We have nearly 1,000 members in this State Association. Every action in this state is absolutely dependent upon us. No system of practice that is unfavorable to us can be thrust upon us in this state as long as we stick together, keep our heads and insist upon being boss of the practice of medicine in any form that is submitted. We are more indispensable to the public as an organization than they are to us. A unified front is all that is necessary.

REPORT OF THE STATE BOARD OF MEDICAL EXAMINERS

A. S. BUCHANAN, Secretary

The State Medical Board of the Arkansas Medical Society has held two regular semi-annual meetings since its report last year. Two vacancies occurred during the year which were caused by the expiration of the term of office of Dr. W. W. York of Ashdown and Dr. W. W. Verser of Harrisburg. Dr. L. J. Kosminsky of Texarkana was appointed to succeed Dr. W. W. York and has been duly seated as a member. Dr. W. W. Majors of Paragould was appointed to succeed Dr. W. W. Verser but has not yet been seated as a member.

Forty-three applicants appeared before the Board for license by examination; forty at the regular May meeting and three at the November meeting. Of the total number, thirty-eight were graduates of the University of Arkansas, two were graduates of the University of Tennessee, two were graduates of Tulane University and one, who was not permitted to take the examination because he was not a citizen of the United States, was a graduate of a foreign medical school. The remaining forty-two were admitted for examination, made satisfactory passing grades and were issued licenses.

The Board received seventeen applications for license by reciprocity during the year. Of this total, fifteen satisfactorily met the requirements and were issued certificates. The states represented and the number of such licentiates from these States are as follows: Three from Illinois, three from Kansas, one from New Jersey, six from Tennessee, one from Texas and three were accepted from the National Board of Medical Examiners.

Twenty-nine Arkansas licentiates were endorsed to eleven different states for license by reciprocity as follows: Two to California, one to Georgia, four to Illinois, one to Indiana, one to Minnesota, one to New Jersey, three to New Mexico, three to Ohio, one to Oklahoma, two to Tennessee and ten to Texas.

Since our last report one licentiate of this Board has

been reported to us for violating Article D, Section No. 8 of the Laws Governing the Practice of Medicine and Surgery in Arkansas which provides that a physician's license may be revoked for publicly advertising special ability to treat or cure chronic and incurable diseases, and the Board recently had the necessary legal papers served notifying this party to answer before the Board at its regular meeting on May 14th, 1936, and show cause why his license should not be revoked.

In compliance with Act No. 148 of the Legislature approved March 20, 1935, requiring that the secretaries of the different Boards empowered to issue licenses to practice any of the healing arts file a list of their licentiates with the Secretary of State and make reports to him of all future licentiates, a list was compiled by this Board and submitted within the specified time.

Act No. 148, as explained above, and an act requiring the Board to recognize and accept, at its own discretion, licentiates of the National Board are the only two Legislative Acts that were passed during 1935 affecting the State Medical Board of the Arkansas Medical Society.

Due to the rapid rise in standards of the medical profession, the migration of physicians during the past year, the question of eligibility of foreign physicians for license in this State and numerous other questions of unusual nature, the Board has found it necessary to make many difficult decisions on questions not specifically covered by our medical laws. While we may have made some mistakes in some of our decisions and actions, each question was given our utmost consideration and we feel that the affairs of the State Medical Board of the Arkansas Medical Society have been conducted as near right as it was humanly possible to do.

L. J. Kosminsky: The report of the delegates to the American Medical Association session at Atlantic City in 1935 has been published in the August 1935 Journal. By motion this report was adopted.

REPORT OF TREASURER

April 27, 1936

Balance report Annual Meeting, 1935	\$6,172.25
Receipts during year from Secretary:	
May 7, 1935—Refund from Goldman Hotel	\$ 32.01
May 8, 1935—Contribution Sebastian Co. Medical Society	150.00
July 6, 1935—Gorgas Memorial Fund	107.70
Aug. 28, 1935—5% Dividend from American Exchange Bank	359.42
Jan. 4, 1936—Account of Dues	1,250.00
Jan. 4, 1936—Journal Account	3,250.00
Apr. 1, 1936—Account of Dues	3,000.00
Apr. 1, 1936—Journal Account	1,500.00
	9,649.13
Total Funds available during year	\$15,821.38
Disbursements:	
Vouchers 594 to 673, inclusive, and Vouchers 535 and 574	\$6,747.12
Balance (as certified by W. B. Worthen Company, Bankers, Little Rock, Arkansas, at close of business, April 25, 1936)	\$9,074.26
Respectfully submitted,	
R. J. CALCOTE, Treasurer.	

REPORT OF THE SECRETARY
W. R. BROOKSHER

The membership of the Society today is 925, a figure which favorably compares with 889 at the time of the 1935 session and with the total 1935 membership of 1,082. No evidence of any membership loss from a return to the constitutional assessment of membership has been noted; on the contrary, we have been pleased to observe that physicians not active in membership for a year or more, have returned to the organization by payment of assessments.

During the year the secretary has attended six of nine councilor district medical society meetings, a number of county society meetings, the American Medical Association at Atlantic City as well as a considerable number of conferences.

Members of the Society have received during the past year publications of the Bureau of Medical Economics of the American Medical Association, the last one of which, "An Introduction to Medical Economics" is now being mailed to members as their assessments are received. It is recommended that each of these pamphlets receive your careful consideration.

The First Annual Secretaries Conference was held in Little Rock January 6th with an attendance of over 40. It was felt that this meeting did much to advance the aims of the Society and by unanimous vote of those present, it was decided to make this an annual affair.

I wish to express my appreciation for the cordial cooperation which I have received from President McCaskill, the entire official family, the Councilors, and in particular, from the secretaries of the component county medical societies.

By motion the amendment to the By-laws proposed at the 1935 session reading as follows was adopted:

To amend Section 6 of Chapter VII which now reads:

"Section 6. In case of a vacancy in the office of delegate, the Council shall have authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office."

to read as follows and to become Section 12 of Chapter IV:

"Section 12. In case of vacancy in the office of delegate, the House of Delegates shall have the authority to seat any member of that county society in attendance at said meeting as delegate, with full right to perform all the duties of that office."

The following Nominating Committee was regularly selected:

Wm. Johnston, First District; S. J. Allbright, Second District; F. A. Corn, Jr., Third District; J. M. Lemons, Fourth District; F. O. Mahony, Fifth District; A. S. Buchanan, Sixth District; Euclid Smith, Seventh District; S. C. Fulmer, Eighth District; J. G. Gladden, Ninth District, and E. F. Ellis, Tenth District.

The House of Delegates then adjourned.

FINAL SESSION, HOUSE OF DELEGATES

April 29th, 1:30 P. M.

Meeting called to order by M. E. McCaskill, President.

The following delegates or alternates answered roll call:

E. M. Gray, Baxter; C. L. McNeil, Benton; J. G. Gladden, Boone; L. E. Ellison, Bradley; J. R. Parker, Carroll; S. W. Douglas, Chicot; J. P. Hiller, Clay; S. D. Kirkland, Crawford; B. M. Stevenson, Crittenden; H. T. Smith, Desha; G. L. Henderson, Faulkner; Euclid Smith, A. G. Sullivan, Garland; Don Smith, Hempstead; W. G. Hodges, Hot Spring; T. F. Alford, Howard-Pike; L. T. Evans, Independence; J. M. Lemons, Jefferson; Wm. Johnston, Lawrence; C. W. Dixon, Lincoln; Chas. Beeby, Madison; J. D. Robbins, Montgomery; A. S. Buchanan, Nevada; R. B. Robins, Ouachita; B. H. Hawkins, Polk; M. J. Kilbury, H. F. H. Jones, G. V. Lewis, S. C. Fulmer, Pulaski; J. W. Ryburn, Randolph; T. C. Watson, Saline; E. A. Bing, Searcy; J. H. Buckley, F. H. Krock, Sebastian; F. O. Mahony, Union; P. L. Hathcock, Washington; S. J. Allbright, White, and J. F. Hayes, Woodruff.

By action of the House of Delegates the following members present were seated as delegates:

J. P. Bremer, Clark; Ira Ellis, Craighead-Poinsett; T. J. Stewart, Cross; O. H. King, Garland; L. J. Kosminsky, Miller; Joe F. Shuffield, Pulaski; J. O. Rush, St. Francis, and B. L. Moore, Union.

Other members of the House of Delegates present were:

President McCaskill, Past-presidents E. E. Barlow, E. F. Ellis, J. M. Lemons, and W. T. Wootton, and Councilors H. A. Stroud, M. C. Hawkins, Jr., F. A. Corn, Jr., C. W. Dixon, L. L. Purifoy, Don Smith, S. B. Hinkle, D. L. Owens and S. J. Wolfermann.

A. S. Buchanan presented the report of the Nominating Committee as follows:

President-Elect—O. J. T. Johnston, W. T. Lowe, L. L. Purifoy.

First Vice-president—A. G. Sullivan.

Second Vice-president—Ruth Ellis.

Third Vice-president—B. M. Stevenson.

Treasurer—R. J. Calcote.

Secretary—W. R. Brooksher.

Delegate to the American Medical Association—W. H. Mock.

Alternate to the American Medical Association—F. O. Mahony.

Attention was called to the fact that F. O. Mahony was now serving in the capacity of Alternate to the American Medical Association and nominations were called from the floor for this office. Val Parmley, Little Rock, was duly nominated by action of the House of Delegates.

By motion the report of the Nominating Committee was received and the committee discharged with thanks.

The following tellers were appointed: T. C. Watson, H. T. Smith and Joe F. Shuffield. The House of Delegates voted by ballot for President-Elect, O. J. T. Johnston receiving a majority of votes on the first ballot and was declared elected. On motion by F. O. Mahony, seconded by L. T. Evans, the vote for Dr. Johnston was made unanimous.

On motion by L. J. Kosminsky, seconded by Joe F. Shuffield, the remaining officers were declared elected by acclamation.

H. Fay H. Jones extended an invitation for the Society to hold its 1937 session in Little Rock, the invitation being accepted by motion.

D. L. Owens, Secretary, presented the report of the Council.

REPORT OF COUNCIL

D. L. OWENS, Secretary

April 27th. Appointed auditing committee. Ordered payment of honorarium to secretary-editor and attorney. Ordered arrangement with legal counsel continued. Ordered payment of expenses of 1936 session. Ordered bound copies of The Journal furnished the Library of Congress. Requested Garland County Medical Society to proceed with organization of the Seventh Councilor District Medical Society. Received report from the Chairman, Legislative Committee, and authorized the President, Secretary and Chairman of the Legislative Committee to make arrangements for the 1937 legislative session.

April 28th. Voted a resolution of thanks to the Garland County Medical Society and Auxiliary, the Arlington Hotel, the Chamber of Commerce and the press for co-operation in the 1936 session. Received report from Geo. F. Jackson, Council representative on commercial exhibits showing that \$810.90 had been received from these exhibits to be used by the host society, any excess to be turned into the Council. Received report of auditing committee.

By motion, adopted the following resolution:

"Whereas, Section 9 of Chapter 4 of the By-Laws of this Society requires the House of Delegates to divide the state into councilor districts, and

"Whereas, the state has not been redistricted in many years during which time means of transportation as brought about by improved highways have radically changed, making a redistricting desirable so that the counties most accessible to each other could then be formed into a more compact district,

"Therefore, Be It Resolved, That the Council study this problem and adopt a plan at its mid-winter meeting for redistricting the state, said tentative plan to be published in The Journal, and shall be submitted to the House of Delegates in 1937 for action."

By motion, adopted the following resolution:

"Whereas, the Constitution is silent as to the manner in which a member shall become an honorary member of the Arkansas Medical Society,

"Therefore, Be It Resolved, That after a component county medical society shall have designated one of its members as an honorary member, if the records of the

state secretary reflect that he is eligible to occupy that status in that he has paid the required assessment of membership for 15 consecutive years next preceding such election and has arrived at the age of at least 65 years, and after the Council shall have approved such action, his name shall be presented to the House of Delegates by the state secretary for approval. After favorable action by the House of Delegates such a member shall be considered an Honorary Member for the remainder of his life."

Authorized Chairman of the Council, Chairman of the Legislative Committee and the Secretary to arrange for the publication of medical laws and decisions in pamphlet form for distribution to the membership.

April 29th. Approved amendments to Constitution and By-Laws affecting membership to be presented to the House of Delegates. By motion expressed its insistence that county and state medical societies have full supervision of emergency first-aid activities within that county and state. By motion expressed its appreciation of the activities of Morris Fishbein, Editor of the Journal of the American Medical Association. Adopted the following resolution:

"WHEREAS, certain commercial interests are publishing medical directories, listing physicians by specialty and otherwise, as available for insurance and compensation work, and other professional services, and

"WHEREAS, participation by listing in these lay publications merely serves for the profit of the promoters, and is furthermore technically indirect solicitation of patients, therefore be it

"RESOLVED, That the Arkansas Medical Society condemns these practices as unethical and forbids its members to continue listing their names in such directories, and be it further

"RESOLVED, That the Arkansas Medical Society requests the House of Delegates of the American Medical Association to take similar action."

And instructed delegates of this Society to present such a resolution to the American Medical Association session of 1936 requesting amendment of the Principles of Ethics in this respect. By motion M. E. McCaskill was instructed to confer with the Chief Surgeons of railways providing medical and hospital care for dependent members of employees families.

REPORT OF AUDITING COMMITTEE

We, the committee appointed by the Chairman of the Council of the Arkansas Medical Society to audit the books of the Treasurer and Secretary of the Arkansas Medical Society find them in good order and correct and recommend that the Council accept them as rendered by the Treasurer and Secretary of the Arkansas Medical Society.

D. L. OWENS.
M. C. HAWKINS, Jr.
F. A. CORN, Jr.

By motion the report of the Council was approved and accepted.

W. T. Wootton presented the following amendments to the Constitution and By-Laws to lie on the table until the 1937 annual session:

Proposed Amendment to Article IV, Section 2, of Constitution:

"Section 2. Active Membership. The active membership of this Society shall comprise all the active members of its component societies. Only such a person is eligible for active membership in a component society as (1) possesses the degree of Doctor of Medicine, issued by a medical college which at the time such degree was conferred was approved by the Council on Medical Education and Hospitals of the American Medical Association, and (2) holds also an unrevoked license to practice medicine and surgery issued by that board of medical examiners which consists of members recommended by this Society. The eligibility requirements set forth in the preceding sentences are not to apply, however, to members in good standing on any component society at the time of the adoption of this section."

Proposed Amendment to Chapter IX, Section 5, By-Laws:

"Section 5. Each county society shall judge of the qualifications of its own members; but, as such societies are the only portals to this Society and to the American Medical Association, every reputable physician who possesses the eligibility qualifications for membership required by Article IV, Section 2, of the Constitution of this Society, and who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this Society, and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this Society. Any member of this Society who shall hereafter violate any of the provisions hereof shall be expelled from the Society. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member."

The secretary presented the following names certified as eligible for honorary membership in the Society:

D. E. Evans, Harrison, Boone County.
C. C. Gray, Batesville, Independence County.
A. G. Henderson, Imboden, Lawrence County.
J. W. John, Pine Bluff, Jefferson County.
J. M. Lemons, Pine Bluff, Jefferson County.
A. W. Troupe, Pine Bluff, Jefferson County.
J. W. Scales, Pine Bluff, Jefferson County.
O. C. Hankinson, Pine Bluff, Jefferson County.
E. F. Ellis, Fayetteville, Washington County.
E. G. McCormick, Prairie Grove, Washington County.
H. D. Wood, Fayetteville, Washington County.
A. S. Gregg, Fayetteville, Washington County.
Cheves Bevell, Waldron, Scott County.
H. Moulton, Fort Smith, Sebastian County.

J. D. Southard, Fort Smith, Sebastian County.
E. G. Epler, Lone, Sebastian County.

By motion these physicians were elected honorary members of the Society.

The House of Delegates then adjourned.

FIRST GENERAL SESSION

April 27th, 1:30 P. M.

The first general session was called to order by M. E. McCaskill, President.

The invocation was given by Rev. J. L. Dedman, Central Methodist Church, Hot Springs National Park.

The Society was welcomed to Hot Springs National Park by Mayor Leo P. McLaughlin and Dr. C. S. Moss, President, Garland County Medical Society.

The response to the address of welcome was given by D. W. Goldstein, Fort Smith.

RESPONSE TO ADDRESS OF WELCOME

D. W. GOLDSTEIN,
Fort Smith.

In the early days when the world was young and before medicine became a science, man looked to Nature for his cures. Superstition entered into many of these, but much that was reasonable and effective grew out of these early searchings for health. The herbs of the earth, the minerals of the soil, the oils of the plants and the waters of the earth were sought, and even unto this day with all our sciences, we still seek these things. As the Indians of long ago came into Hot Springs, "the valley of vapors," to drink and bathe in its healing waters, so physicians of our time are heralds of the therapeutic value of these waters and patients are sent here to seek the health they cannot get elsewhere.

So we, as doctors, are grateful both to the wonders that Nature has provided and to the physicians of Hot Springs who must care for our patients and help restore them to health.

We, as members of the Arkansas Medical Society, appreciate your welcome and the opportunity afforded for a meeting in this city of health. Your hospitality has always been of the highest order and your splendid fellowship the type to be highly praised.

We have been here many times for medical meetings, but we also come for other purposes. We, as students of scientific medicine, must come here to study the rattle of bones and count the "bones" at Belvedere Hospital. And for our research on how horses run and why not,

we must also hie ourselves to this lovely city. Or perchance we may be patients here ourselves, for the baths are also for the general tonic and recuperative effect due to strain and business cares, and you as fellow sufferers in these depressing times know the fatigue involved in seeing the red side of the ledger get ahead of the black.

An early legend tells us that just as people now come from all over the country to Hot Springs to bathe and drink of the waters, so Indians came here. They called it the "Valley of Vapors," or the "Palace of Peace." All were welcome. Here enmity was forgotten. Tomahawks and other weapons of war were laid down and all were friends. No animals could be killed here. The Great Spirit blessed this place and dedicated this valley and the sacred waters to humanity so long as the law of friendship and helpfulness held sway.

We as doctors are still under the spell of the Great Spirit. This medical meeting means much to us and to the world. Here we forget our petty quarrels. Here we come to share secrets and exchange ideas. So we each go back not only benefitted by contact with one another, which means much; not only with renewed spirit because of the social side of this meeting, but with knowledge and confidence gained that will mean a great deal.

D. W. Goldstein, First Vice-president, took the chair.

M. E. McCaskill, President, read the Annual Address of the President (page 1).

The scientific program continued.

FINAL GENERAL SESSION

April 29th

Meeting called to order by President McCaskill.

E. E. Barlow presented the Report of the Reference Committee.

REPORT OF THE REFERENCE COMMITTEE

We, your reference committee, have given careful consideration to the written reports of the various committees submitted to us.

The President's address was splendid, a most timely subject, and we urge each member of the society to study it carefully.

We want to commend R. B. Robins and his committee for the splendid work they did in preparing the Scientific Program for this session. It was high class and well selected.

D. W. Goldstein and his committee on Cancer Control are to be commended for their splendid work and untiring efforts in behalf of the society.

A. S. Buchanan gave a complete report of the splendid work being done by the Medical Examiners Board.

Val Parmley and his committee gave a complete report of their activities for the past year and suggested that the legal advisers be instructed to prepare a resume of all of the laws together with such comments as he sees fit, to be published in pamphlet form. We, your committee, believe this is a fine suggestion.

We believe A. C. Shipp and his committee have given us some splendid food for thought in their report on Medical Economics and wish to commend them for same.

The report on Education and Hospitals presented by J. H. Shuffield and his committee is full and complete and we want to thank them for same.

We hope each of you will read the report on Public Relations by D. A. Rhinehart and his committee. It recites a project that is novel and interesting.

S. J. Wolfermann, Chairman, gave a report of the Council which shows they have, as usual, been very active during the past year and we want to commend Dr. Wolfermann and the other members of the council for their untiring work on behalf of our society.

We wish to commend the report on Health and Public Instruction and want to endorse the recommendations made by W. B. Grayson and his committee.

We want to endorse the work done by Dean F. Vinsonhaler and his committee on Postgraduate Study and commend them for their efforts in behalf of the physicians of the state of Arkansas.

We want to thank George F. Jackson for his continued and untiring efforts in arranging for the Commercial Exhibits.

We want to express our appreciation to the Committee on arrangements in Hot Springs National Park for their efforts in making this a most pleasant and successful meeting.

We wish to express our appreciation for the continued valued services of Hon. Peter A. Deisch.

E. E. BARLOW, Chairman.
M. C. JOHN.
H. T. SMITH,
W. L. NORWOOD,
L. T. EVANS.

By motion the Report of the Reference Committee was adopted.

The following Past-Presidents of the Society then came to the platform: E. E. Barlow, L. J. Kosminsky, J. M. Lemons, F. O. Mahony and W. T. Wootton, being introduced by W. T. Wootton.

Geo. B. Fletcher was escorted to the platform and installed as President for 1936-37 by M. E. McCaskill. Dr. Fletcher pledged his best efforts to further the aims of the Arkansas Medical Society and promised to attend as many meetings over the state as possible. He expressed his appreciation of the honor conferred upon him.

The President-Elect, O. J. T. Johnston was then escorted to the platform and expressed his appreciation for his election.

"Mr. President, Members of the House of Delegates, Ladies and Gentlemen:

"I do not have the words to express to you my appreciation for your having elected me your President-Elect for the coming year. I did not know that I had so many friends in this body of medical men. I must say this came to me as quite a surprise, but I thank you."

By motion the Society expressed its thanks to the Garland County Medical Society, the Auxiliary, the Arlington Hotel, the Chamber of Commerce and the press for co-operation in making the Sixty-First Annual Session a most pleasant and profitable occasion.

The Society then adjourned sine die.

MEMORIAL SESSION

April 28th, 8:30 A. M.

The Memorial Session was called to order by the President.

The invocation was given by Rev. Chas. Collins, St. Luke's Episcopal Church, Hot Springs National Park.

Mrs. Violet Bedding sang a solo.

W. H. Mock, Chairman, Committee on Necrology, presented Mrs. R. C. Kory, Chairman, Committee on Necrology of the Woman's Auxiliary to the Arkansas Medical Society, who read an address.

MEMORIAL ADDRESS

MRS. R. C. KORY, Little Rock

Now we turn our thoughts to those who are no longer with us but who have joined the Home Everlasting. We mention the names of

Hattie Curlee Morrow of Mountain Home,
Wrenette Vinsonhaler of Little Rock,
Mattie White Holt of Nashville,

in a spirit of tender tribute and sweet recollection. The unthinking will say that they are dead; that all is ended, but the wise will listen to the voice of intuition and understand that even as the music that is played on the lyre lingers in the memory long after the strings have ceased to quiver with melody; even as the beauty of the twilight sky leaves its imprint on the inner eye; long after countless sunsets have been painted on the Heavenly Canvas; even as beauty is unforgettable, so love is imperishable and those who have lived with us and have given of their love to us need not die as long as they are remembered. Let us hold them sacredly

pedestalled in the chambers of our recollection
and know that,

There is no Death,
What we call Death
Is but a sudden change—
Because we know not where it leads—
Therefore it seemeth strange.

There is no Death,
What we call Death
Is but a restful sleep—
They wake not soon who slumbers so—
Therefore, we mourn, we weep.

There is no Death,
What we call Death
Is but surcease from strife,
They do not die whom we call dead—
They go from life to life.

Dr. J. M. Lemons was then presented and delivered the Memorial Address for the Society.

MEMORIAL ADDRESS

J. M. LEMONS, Pine Bluff

The hour has come that has been set apart for us to stop our regular business and pay our respect to our members who have passed to the Beyond since our last meeting. We will not call their names as they appear on the program, much as we would like, as time will not permit. May we at this time bow our heads in a moment of silent prayer. God bless their loved ones, Amen.

We believe in the call of the ministry that they may minister to our spiritual life, we also believe in the call of the physician that he may minister to our physical life. The physician often must be minister and physician. How often does a physician find a sin-sick soul as well as a sick body? I believe all physicians pray, and we should pray. As a rule the surgeon will offer a secret prayer before he enters the operating room, and some offer a short prayer audible before the patient is given the anesthetic. As he proceeds with the operation he is breathing a silent prayer to God to guide him in what he is doing. As he goes about his daily work he prays for the recovery of his patients. This applies to the internist as well.

We read in the Book of all Books, The Bible, of miracles being performed in those days; the blind received their sight; the lame walk; the

fever cooled; the leper cleansed. We are having miracles performed today; the blind receive their sight; the lame walk; the fever cooled; the leper healed. Why are miracles not being performed today? God works through the physician and the surgeon His wonders to perform.

The physician has always been ready to go to the front in all countries with the missionary, establishing hospitals and caring for the sick. We have a number of physicians who are ministers in foreign countries, relieving suffering humanity. Most assuredly the physician is called of God.

Those to whom we are paying our last respects today have contributed their part in relieving suffering humanity. They have gone through sunshine and rain, heat and cold, day and night, over roads almost impassable. Some have gone on foot. We go into palatial homes and humble homes at all hours of the day and night. Some of these men have trusted their old faithful saddle horse to take them safe over dark and rough roads to arrive at the home, to find a flickering candle for a light, and a life flickering between life and eternity. Then is when the physician prays to God for guidance.

Our minds takes us to the picture the artist has painted of the physician sitting by the crib of the sick baby. Oh! how many times has this picture been true in our lives watching the sick babe, and the mother saying, "Doctor, can't you save my baby?" The time comes in a physician's life when he enters the sick chamber when the minister and friends are not allowed; then is the time the physician must be physician and minister. And last but not least, the one who sticketh closer than a brother, the faithful wife, who shares daddy's sorrows as well as his pleasures. When daddy is out at night and the cold wind is howling, mother is praying for daddy's safe return.

So as we go through life doing all we can to relieve suffering humanity, may we at all times walk upright before God and man.

Dr. Mock then presented as a token of esteem and respect a bouquet of roses to Dr. H. Moulton who expressed his appreciation of this tribute.

Mr. Bill Barry sang a solo.

The benediction was pronounced by Dr. Marion Boggs, First Presbyterian Church, Hot Springs National Park.

SECTION ON OPHTHALMOLOGY AND AND OTOLARYNGOLOGY

April 28, 9:00 A. M.

Meeting called to order by H. Moulton, Chairman, who presented the Chairman's address, "Glaucoma: Some of Its Problems." The following scientific papers were read:

"Hereditary Cataract," K. W. Cosgrove, Little Rock; "Bilateral Anterior Lenticonus," E. C. Moulton, Fort Smith; "My Results With Ionization Treatment of the Nasal Mucous Membrane," Virgil Payne, Pine Bluff, and "Blastomycosis of the Larynx Complicating Carcinoma," T. E. Fuller, Texarkana.

H. J. G. Koobs read the proposed constitution and by-laws which was adopted.

The following officers were elected for 1936-37: H. Moulton, Chairman; T. E. Fuller, Vice-chairman; L. M. Henry, Secretary-treasurer; Members of Board of Censors, Paul Mahoney (three years), H. J. G. Koobs (two years), and R. R. Kirkpatrick (one year).

Adopted a resolution relative to securing a provision in the drivers' license law aimed to secure testing of the vision of each driver by a competent physician, which was referred to the state legislative committee. By motion the Chairman appointed as an advisory legislative committee, Paul Mahoney, S. M. Sanford, K. W. Cosgrove and R. J. Calcote.

The meeting then adjourned.

H. MOULTON, Chairman,
L. M. HENRY, Secretary.

A THIRTY-FOUR YEAR RECORD

The Physicians Casualty Association of Omaha has recently published its report for "34 years of uninterrupted usefulness" in which they show payments to physicians for sick and accident claims of \$535,052.98—over half a million dollars. The report further shows they a surplus fund of \$1,350,000 as evidence of their financial ability to pay what they promise to sick or disabled members.

COMING MEDICAL MEETINGS.

Ninth Councilor District Medical Society, Eureka Springs, June 2nd.

First Councilor District Medical Society, Tyronza, June 18th.

A sick man can overcome almost every handicap except a disability clause in an insurance policy.

Don't worry if Willie is an impractical dreamer. Some day he will manage government building projects.

A MESSAGE FROM THE STATE HEALTH OFFICER.

To the Physicians of Arkansas:

When a native of another country emigrates to America, the Federal law allows him to take out his first citizenship papers. When a 100% All-American baby arrives in Arkansas, the Arkansas law likewise requires that the baby be provided with its first citizenship paper—a certificate of birth.

The adult alien can look out for his own citizenship papers. The All-American Arkansas baby cannot. A baby is the only animal in the world that is absolutely helpless throughout all the months of its early life. It must depend on its doctor, or its parents—or perhaps on some midwife, to file its first citizenship paper. But many parents are entirely ignorant of the value of a birth certificate or of the requirements of the law. Many midwives are indifferent, or perhaps afraid to report a birth, because they may be practicing without the sanction of the law. When the parents do not know, and the midwife does not care, then the baby is robbed of its birthright and may be seriously handicapped throughout its future career. But every intelligent doctor knows the potential value of a birth certificate. He knows the law, and he knows his obligation. Therefore, the heaviest part of this responsibility rests upon the doctor. He owes this duty to the baby; he owes it to the family, to the State, and to his own profession. And yet recent surveys show that hundreds of Arkansas doctors have failed to file birth certificates for thousands of their baby clients.

At least 9,000 babies born during 1935 are still not registered. These figures put our State near the foot of the class as compared with the other forty-seven states of the Union. It shows the largest percentage of non-registered babies.

On the other hand, Arkansas ranks first as the **Most All-American State** of the American Union. Of her nearly two million population, Arkansas can boast of the smallest percentage of foreign born, and of the largest percentage of "native American-born" citizenship, as compared with the other forty-seven states. But is it not a matter of regret that the "**most American state**" in point of fact, should be the **most un-American state** in point of practice when it comes to safeguarding the future of its "All-American" babies?

In 1927, Arkansas met the stringent Federal requirement of proving that she was recording at least 90% of all her births and deaths. Therefore, Arkansas was admitted to the **Federal Registration Area** for both births and deaths. Then came the depression. For some time the State could not pay her local registrars. Naturally, registration slumped downward until we reached a point far below Federal requirements. Today we are **coming back!** But to make a successful come-back in the shortest possible time, we must have the determined support of every doctor in the State. The State Board of Health is therefore making this personal appeal to every doctor in Arkansas, not only to be 100% in his own practice, but to give us the benefit of his counsel and his influence to help us make Arkansas a 100% Registration State.

W. B. GRAYSON, M. D.,
State Health Officer.

WOMAN'S AUXILIARY PAGE

MRS. H. E. MURRY, Publicity Secretary, Texarkana.

Dear Auxiliary Presidents:

Greetings and best wishes for a most successful administration.

As you are aware, our splendid Auxiliary is facing a new year in it's history. Each unit, no doubt, is planning to make the work in the vicinity more constructive, more vital than in any of the preceding years.

Your program, peculiar to your vicinity, may inspire other auxiliaries—therefore, I urge you to heed the advice handed down to us from The Great Teacher:

"Let your light shine before men, that they may see your good works."

Please have your Publicity Secretary send to me a report of your meetings each month and, "lose nothing in the telling."

Thanking you, I am,

Cordially yours,

MRS. H. E. MURRY,
Publicity Chairman.

Mrs. W. R. Bathurst was hostess to the Pulaski County Medical Auxiliary April 15th, at her home on Prospect Avenue. A delicious luncheon was served by the hostess at one o'clock. Mrs. W. F. Smith, Mrs. Homer Scott, Mrs. J. R. Wayne, Mrs. J. C. Cunningham and Mrs. N. F. Weny were assistant hostesses. The dining table was beautiful with its lace cloth over green satin and centered with a large bowl of lavender iris, pink tulips and cherry blossoms. Mrs. B. A. Rhinehart served the salad course and Mrs. W. A. Snodgrass presided at the silver service. The small tables where luncheon was served, were lovely with their individual decoration of spring flowers.

Mrs. B. A. Rhinehart, president, presided over the business session. The Chairmen of all committees reported on the year's work. The reports were read in the following order: Program, Mrs. R. C. Kory; Membership, Mrs. C. E. Oates, reporting eleven new members, bringing the total membership to eighty-eight; Entertainment, Mrs. A. W. Strauss; Visiting, Mrs. S. C. Fulmer; Medical Student's Wives, Mrs. T. D. Brown; Student Loan Fund, Mrs. D. M. Switzer, reporting \$26.20 realized from a recent candy and cake sale held at the Medical School building; Public Relations, Mrs. B. A. Bennett; Education and Public Health, Mrs. M. E. McCaskill; Constitution, Mrs. R. A. Law, reporting that there should be no change in the Constitution at this time; Finance, Mrs. L. F. Barrier; Memorial, Mrs. A. W. Strauss; Telephone Committee, Mrs. Homer A. Higgins, reporting a total of 574 telephone calls made during the year.

Mrs. B. A. Bennett, Treasurer, reported a balance of \$27.92 after all expenditures. The slate of officers for the Arkansas Medical Auxiliary was read and endorsed.

Delegates to the state convention of the Arkansas Medical Society at Hot Springs National Park on April 27, 28 and 29 were elected as follows: Delegates: Mrs. R. A. Law, Mrs. A. W. Strauss, Mrs. H. A. Higgins, Mrs. Pat Murphey, Mrs. S. C. Fulmer, Mrs. C. C. Reed,



MRS. J. T. McLAIN

President

Woman's Auxiliary to the
Arkansas Medical Society
1936-1937

Mrs. W. F. Smith, and Mrs. K. W. Cosgrove. Alternates: Mrs. W. W. Reigler, Mrs. T. D. Brown, Mrs. J. C. Cunningham, Mrs. L. V. Bentley, Mrs. H. F. H. Jones, Mrs. W. R. Richardson, Mrs. L. F. Barrier and Mrs. M. J. Kilbury.

The Nominating Committee, composed of Mrs. W. A. Snodgrass, Chairman, Mrs. E. C. Kory, Mrs. E. H. White, Mrs. A. C. Shipp and Mrs. Pat Murphey, presented the following slate: Mrs. R. C. Kory, President; Mrs. Bryce Cummins, President-elect; Mrs. J. C. Cunningham, First Vice-president; Mrs. C. C. Reed, Second Vice-president; Mrs. S. C. Fulmer, Secretary; Mrs. T. D. Brown, Treasurer; Mrs. L. F. Barrier, Publicity Secretary; Mrs. Anderson Watkins, Historian; Mrs. W. C. Langston, Parliamentarian. The officers were unanimously elected. Mrs. R. C. Kory was duly installed as president for 1936-1937 by the out-going president, Mrs. B. A. Rhinehart.

MEDICAL AUXILIARY ENTERTAINED AT PORTUGUESE CAFE

The home of Mrs. S. A. Thompson was converted into a Portuguese restaurant recently when she and Mrs. B. V. Powell entertained members of the Auxiliary to the Ouachita County Medical Society.

Bright spring flowers in pottery bowls decorated the rooms and the small tables were covered with highly colored plain table cloths and the unusual menus, in yellow and green, were written in Portuguese on the map of South America. Some of the guests found it a difficult task to choose their menu as they were unfamiliar with the language. Mrs. Tom Watts and Mrs. Hamp Patton in the attractive native costumes, were hostesses in the restaurant.

Mrs. J. S. Rinehart, the retiring president, presided and introduced the new officers. Mrs. Thompson will serve as president for the coming year. Reports on the state convention at Hot Springs National Park were made by Mrs. R. B. Robins, Mrs. J. B. Jameson, Mrs. Rinehart and Mrs. Thompson, and the guests from Little Rock gave their impressions of some phases of the convention.

Guests present for the evening were Mesdames Paul Mahoney, H. Fay H. Jones and Randolph Smith, all of Little Rock, J. P. Clements of Mt. Holly, J. W. Meek, A. Davidson, J. S. Rinehart, R. B. Robbins, E. H. Byrd, S. D. McGill, B. V. Powell, J. B. Jameson, C. S. Early, R. C. Kennerly and S. A. Thompson.

Mrs. S. J. Wolferman was elected president of the Auxiliary to the Sebastian County Medical Society at the April meeting of the club at a luncheon session at the Woman's Clubhouse. She will succeed Mrs. Pierre Redman who automatically becomes vice-president.

Other officers named were Mrs. M. E. Foster, secretary, and Mrs. Raymond T. Smith, treasurer. Routine reports and a discussion of the state meeting in Hot Springs National Park concluded the business session.

Mrs. J. A. Foltz and Mrs. M. E. Foster were hostesses. Others present were Mrs. Redman, Mrs. H. C. Dorsey, Mrs. B. B. Bruce, Mrs. J. S. Southard, Mrs. L. Fulton Jones, Mrs. Eugene Stevenson, Mrs. Raymond T. Smith, Mrs. S. P. Stubbs, Mrs. J. C. Amis and Mrs. A. F. Hoge.

Odell Davis, 12 years old, a guest, gave three accordion solos.

Exquisite flowers, Easter and calla lilies predominating, decorated the home of Mrs. E. L. Beck April 27th, when members of the Woman's Auxiliary to the Miller and Bowie County Medical Societies met for their business and social session. Mrs. C. E. Kitchens and Mrs. W. L. Kitchens assisted in the hostess duties. Snapdragons and sweet peas emphasized a pastel note, which was repeated in the dainty mints made in the shape of flower petals.

During the business session officers were elected, Mrs. Albert Mann succeeding Mrs. Allen Collom, Jr., as president. Others named were: Mrs. N. B. Daniel, president-elect; Mrs. George Parson, first vice-president; Mrs. P. H. Phillips (Ashdown), second vice-president; Mrs. Roy Baskett, third vice-president; Mrs. Joe Tyson, fourth vice-president; Mrs. W. L. Kitchens, recording secretary; Dr. Frances Spinks, publicity chairman; Mrs. Allen Collom, Jr., corresponding secretary; Mrs. N. B. Daniel, treasurer; Mrs. C. E. Kitchens, parliamentarian, and Mrs. William Hibbitts, historian.

Delegates to the Hot Springs National Park meeting of the Arkansas Medical Society were named, these being Mrs. L. J. Kosminsky and Mrs. N. B. Daniel. Some discussion was heard concerning the essay contest on "Heroes of Medicine," which is being conducted in the junior high schools of the city, the winners of which will receive cash awards from the Auxiliary.

Honor guests for the afternoon were the presidents of the Arkansas and Texas Garden Clubs, these being Mrs. Albert Little, Mrs. J. I. Wheeler, Mrs. C. Schmidt, Mrs. J. Alan Whyte, and Mrs. C. E. Ray. Mrs. Ernest Grumbles of Atlanta, Texas, was also a guest.

A delightful program was presented the latter part of the afternoon. Mrs. Harry Murry's subject was "Enjoying Poor Health," and Mrs. William Hibbitts discussed "What You Don't Know."

For the social period, guests were invited to the dining room, where the table was covered with a lovely cloth and centered with a particularly beautiful bowl of flowers. Mrs. Wheeler and Mrs. Grumbles presided at the table and served the guests.

BOOK REVIEWS

An Index of Differential Diagnosis of Main Symptoms. By various writers. Edited by Herbert French, C. V. O., B. E., M. A., M. D. Oxon., F. R. C. P. Lond., Consulting Physician to Guy's Hospital. Fifth Edition. 742 illustrations, of which 196 are colored. Pp. 1145. Price \$16.00. Baltimore: William Wood and Company, 1936.

This volume appears now in its fifth edition, ample proof of its popularity being so attested and by seven reprintings of previous editions since its original publication in 1912. The work consists of two parts; first, a compilation of the signs and symptoms of all diseases, and second, the complete general index. Symptoms and signs are alphabetically arranged, permitting the ready use of both parts in the study of a given case for diagnosis. Commendation is earned by the decisions for inclusion and omission of various newer diagnostic methods. Those tests upon which reliance may well be placed are included in this edition. The book is decidedly useful to the practitioner as a desk reference work. Its constant use makes for a more exact diagnosis and a more competent physician.

Human Pathology. A Text-Book by Howard T. Karsner, M. D., Prof. Pathology, Western Reserve Univ., Cleveland, Ohio. With an introduction by Simon Flexner, M. D. Pp. 1013. 443 illustrations. 18 color plates. Philadelphia: J. B. Lippincott & Co., 1936.

This, the fourth edition, is designed for both the student and practitioner of medicine. The features of morbid anatomy and histology are studied objectively and are looked upon as established facts. The conventional division into general and special pathology has been adopted in the text. At the beginning of each chapter in general pathology the factual material is arranged in tabular form so as to give each topic its relative association in the entire subject. To quote from the introduction, the present volume provides a well considered and successful compromise with regard to the almost endless number of topics demanding inclusion in a text-book of pathology. The subject matter is remarkably complete and the text is lucid, while the illustrations, whether drawing or photographs, are precise and appropriate.

COUNTY SOCIETIES

OF THE

ARKANSAS MEDICAL SOCIETY, 1936

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ARKANSAS	E. B. Swindler	Stuttgart	Milton John, Jr.	Stuttgart
ASHLEY	M. C. Crandall	Wilmot	A. M. Gibbs	Hamburg
BAXTER	J. T. Tipton	Mountain Home	J. J. Morrow	Cotter
BENTON	Guy Hodges	Rogers	Geo. M. Love	Rogers
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CLEVELAND	Sidney Harris	Herbine	W. G. Hancock	Rison
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CROSS	J. S. Miller	Parkin	Thos. Wilson	Wynne
DALLAS	H. A. Cheatham	Princeton	J. E. M. Taylor	Sparkman
DESHA	Gibbs Biscoe	Dumas	J. H. Hellums	Dumas
DREW	A. S. J. Collins	Monticello	J. S. Wilson	Monticello
FAULKNER	I. N. McCollum	Conway	J. S. Westerfield	Conway
FRANKLIN	W. C. Porter	Ozark	Thos. Douglass	Ozark
GARLAND	C. S. Moss	Hot Springs	Gaston A. Hebert	Hot Springs
GRANT	C. F. Cole	Prattsville	O. W. Hope	Sheridan
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HEMPSTEAD	G. E. Cannon	Hope	Jim McKenzie	Hope
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POLK	J. H. Murphey	Opal	F. C. Mullins	Wickes
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RANDOLPH	J. E. Smith	Reyno	Wm. O. Loftis	Pocahontas
SALINE	T. C. Watson	Benton	C. W. Jones	Benton
SCOTT	George Holitik	Waldron	F. R. Duncan	Waldron
SEARCY	J. C. Pate	Leslie	S. G. Daniel	Marshall
SEBASTIAN	M. E. Foster	Fort Smith	L. M. Henry	Fort Smith
SEVIER	I. G. Jones	DeQueen	C. C. Hanchey	DeQueen
ST. FRANCIS	C. V. Powell	Round Pond	J. O. Rush	Forrest City
UNION	A. D. Cathey	El Dorado	Berry L. Moore	El Dorado
WASHINGTON	H. D. Wood	Fayetteville	Fount Richardson	Fayetteville
WHITE	W. R. Felts	Judsonia	F. P. Hardy	Searcy
WOODRUFF	C. E. Dungan	Augusta	L. E. Biles	Augusta

BOOK REVIEWS

The 1935 Yearbook of General Surgery. Edited by Everts A. Graham, A. B., M. D., Professor of Surgery, Washington University School of Medicine, Saint Louis, etc. Pp. 838. Price \$3.00. Chicago: The Yearbook Publishers, 1936.

This volume complies in abstract form the many valuable articles on general surgery which appeared during 1935, grouping them in the form of symposia on various subjects. It is noted that there is a decided increase in the articles dealing with peripheral vascular disease. A comprehensive index and the editorial comment are additions to a most worth-while reference work.

Examination of the Patient and Symptomatic Diagnosis. By John Watts Murray, M. D. 274 illustrations. Pp. 1219. Price \$10.00. Saint Louis: C. V. Mosby Company, 1936.

Usually a book of this type is valuable only for reference but this work is interesting, ably-written and well-worth reading. The section dealing with history-taking is presented in good style and outlines the details incident to a thorough accurate history, the importance of which is adequately stressed. The remainder of the volume deals with the diseases of the various systems, most of the material being in question and answer form. The book is particularly valuable to the senior medical student and the intern.



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Superintendent



THE 1935 RECORD

Received from members	\$708,026.00
Received from interest	45,155.00
Received from profits securities sold	835.00
Total Income	\$754,016.00
Sick and accident claims paid	535,062.00
Saved and invested	116,090.00
Total used for benefits	\$651,142.00

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No. 2

LOW BACK PAIN*

ROBERT A. MILLIKEN, M. D.,
Little Rock.

The literature of orthopaedic surgery and the private conversation of orthopaedic surgeons is becoming increasingly voluble with the subject of low back pain. Committees are formed from the American Academy of Orthopedics and from the American Orthopedic Association. I presume they meet and discuss, at least they issue reports, reports which urge the value of further work on this vexed problem. Two concepts in general hold sway, the mechanical, and the infectious or toxic. Of recent years Albee has been preaching that most so-called lumbago is a myofibrositis. I had occasion to lunch beside him a few years ago and heard it all expounded with vigorous conviction and mallet stroke diction, but I was left a bit vague as to whether this myofibrositis is due to focal infection, the phases of the moon, or the Hoover administration. This after all is but a revivification of an old concept and rests on a solid foundation of cases miraculously cured by tonsillectomy, by prostatic massage, or by tooth extraction. "The cause of backache" say these people "is anywhere but in the back." The mechanical concept of backache is, I think, attributable to Goldthwait who about 1903 published an article about the sacroiliac joint. He has had occasion to repent very deeply that he did so for since then sacroiliac subluxation or strain has been the diagnosis put on thousands of cases which show tenderness to pressure over the posterior superior spine, or show a limitation of straight leg raising on one side. And yet I believe he was right in his fundamental unspoken conviction that the cause of backache is in the back and that it is there that the cause must first be sought, though of later years he and his followers have paid less attention to the sacroiliac and more to the lumbo-sacral articulation. The exercises of Mennell, the sacroiliac

fusion of Smith-Petersen, the facetectomy of Ghormley, the lumbo-sacral fusion and trisacral fusions of many others are implied acceptance of the mechanistic viewpoint. This paper is an attempt at an exposition of that viewpoint.

You see we are well built to run on all fours; we gained immeasurably when some remote arboreal ancestor first stood erect, but we have paid for our gain in backache. For an animal whose femur is at right angles to his spinal column to stand erect is to extend the hip to the very limit of tolerance. Now joints do not easily stand being stretched to this limit of tolerance and so to ease the hip situation the pelvis went only half way, forcing the lumbar spine to take up the rest of the motion. That left the weight of the trunk supported on a sacrum slanting at a forty-five degree angle and on the posterior architecture of the lumbar spine, articular facets, and spinous processes, crowded together unduly. To add to the damage the whole pull of gravity on the viscera was changed and to maintain the quadruped relationship requires a high chest and a tight abdomen quite impossible to most of us. When these things go the pull of gravity on the viscera is transmitted through a chain of suspensory ligaments (described by von Teuteben in the seventies, but since neglected) to the base of the neck. That means that visceroptosis drags the head forward which in turn demands an increase of lumbar lordosis to compensate and keep the head over the feet. Consider now these structures affected by that lordosis. The spinous processes particularly of the fourth and fifth lumbar vertebrae, and sacrum are crowded together until they actually impinge one against the other and I have proved at operation that there may develop a pseudarthrosis in which arthritis can arise. Then the ilio-lumbar ligament, one part of which runs from the fourth lumbar to the crest of ilium, is put upon an added stretch in response to which it thickens. Thirdly, the lumbo-sacral articular facets are so moved that this joint is put to an extreme stretch. Now a joint that is put to an extreme

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 29, 1936.

stretch for a long period of time is certain to become sore, to cause pain, to have periarticular thickening and to develop hydrops. If it be remembered that the edge of this joint forms part of the wall of the intervertebral foramen and that the largest of the lumbar roots, the fifth, passes through this, the smallest of the lumbar foramina, we can understand why swelling of the joint could cause nerve pressure with pain referred along the sciatic nerve formed, as you recall, from the fourth and fifth lumbar and the first, second and third sacral roots. If, as so frequently happens, there is a degeneration and narrowing of the intervertebral disc then the crowding together is accentuated. At the risk of being repetitious let me illustrate in another area. If any one of you were to put a two-inch wedge under the median edge of your shoe so that you walked all day on the edge of your foot, you would not be surprised if your ankle became sore. As the strain continued you know that it would get so sore as even to ache at night and you foresee all sorts of adaptive changes that would occur in such a foot. Now if you were to go to bed for a few days and rest that foot you know that most, if not all, of the pain would subside to return again as you resumed walking on the wedge. Now increased lumbar lordosis in the spine is exactly comparable to a wedge under the foot. Cure in either condition is to be had only by removing the mechanical abnormality. But, you will say, most adults have poor posture and not all have backache. True, and not all club feet have continuous pain. But you know that such feet are prone to strain and if called upon to treat a painful club foot you would endeavor to remodel it to normal relationship. So with backs, the changes take place so slowly that adaptive changes can occur. Such backs, however, are at their limit of tolerance and have lost their margin of safety so that any slight over-use, or fatigue, tips them over.

Now, of course, there are other causes of low backache, the commonest being congenital anomaly, tuberculosis, malignancy and arthritis. All of these can be found by physical examination supplemented by X-ray study, which should always include a lateral film. Indeed, no spine can be said to have had an X-ray examination unless it has had a lateral study. The differential diagnosis between compression fracture, tuberculosis and malignancy is impossible except in rare cases on the anteroposterior film, while such anomalies as spondylolisthesis, and such conditions as Buchmann's epiphysitis, Kummell's

disease, or Schmorl's disease would be altogether missed.

The treatment of the postural cases is sometimes startlingly easy, sometimes it tries the patience of every one to the limit. Obviously the treatment of a mechanical difficulty is mechanical, a correction of the mechanical error. First come exercises to strengthen the relaxed abdominal, dorsal and gluteal muscles. Where the factor of safety has been only slightly overstepped a surprisingly slight increase of muscular tone and change in the pelvic tilt will work wonders. Many cases need more than that, they must have rest for the underlying fatigue and rest for the irritated ligaments or periosteal areas; then, because few people can afford the necessary weeks in bed and must be up and doing artificial support is needed, a back brace or a corset. The immediate relief that many a case gets by the addition of external support is striking. Many cases need stretching of dorsal kyphosis, or drooping ribs, of flexed hips, before the muscles can get the body into the proper posture. So then these cases need exercises, rest, stretching and braces in various proportions and amount, but always and forever exercises. One does harm rather than good by stretching without strengthening; bracing alone weakens, rest alone weakens. Lastly, do not forget the feet. Footstrain may not have been the straw that broke the camel's back, but its removal will often relieve. The late Dr. Lovett used to say that posture begins at the floor. The bad foot mechanics and the bad back mechanics are interrelated and interdependent. We cannot cure the one if we ignore the other. One other point, measure the legs. A surprising number of backaches have been cured by adding a 3-8 inch lift to one heel.

Treatment of the diseased or anomalous cases depends on an appreciation of what it is that is causing the pain. Here again, whether it be spondylolisthesis or arthritis, it will usually be found that it is abnormality of motion that is the pain factor. First, we would try to eradicate the abnormality, and if that failed as it usually does, we would abolish the motion by fusing together those vertebrae between which motion is at fault. Inasmuch as the treatment of tuberculosis is rest, rest, and yet more rest, it is in this condition that spinal fusion has its most positive indication.

You will note that nothing has been said about searching for focal infections and their eradication, nor about retroversion of the uterus. It is not to be denied that these and other

remote causes can result in backache. You have all seen them and so have I. Indeed one of my colleagues is still joshing me about a backache that persisted under my ministrations and which yielded in his hands to dilation of an anal stricture. But, in my opinion, it is pernicious practice to assume at the start that such a factor is present and in the search neglect to consider the back itself. I recall a case of spinal caries with kyphosis subjected to uterine suspension and a case of anomaly with terrific sciatica treated by internal medication, and many others. It is certain that if uterine suspension is needed a pessary will give relief and be a therapeutic test that may save a useless operation. It is certain that to try mechanical means first and then resort to operative measures if they fail is easier on the patient than to subject him to a useless operation and then come to the mechanical measures.

I have said three things I should like to have remembered:

1. Look for the cause of backache in the back.
2. Take a lateral X-ray view.
3. Assume the case to be postural if no other pathology is found.

907 Donaghey Building.

THE SUMMER-TIME USE OF MEAD'S OLEUM PERCOMORPHUM.

During the hot weather, when fat tolerance is lowest, many physicians have found it a successful practice to transfer cod liver oil patients to Mead's Oleum Percomorphum.

Due to its negligible oil content and its small dosage, this product does not upset the digestion, so that even the most squeamish patient can "stomach" it without protest.

There are at least two facts that strongly indicate the reasonableness of the above suggestion: (1) In pre-matures, to whom cod liver oil cannot be given in sufficient dosage without serious digestive upset, Mead's Oleum Percomorphum is the anti-ricketic agent of choice. (2) In Florida, Arizona and New Mexico, where an unusually high percentage of sunshine prevails at all seasons, Mead's Oleum Percomorphum continues increasingly in demand, as physicians realize that sunshine alone does not always prevent or cure rickets.

Mead John & Company, Evansville, Indiana, invite you to send for samples of Mead's Oleum Percomorphum for clinical use during the summer months to replace cod liver oil.

From the lowest depths there is a path to the loftiest heights. The tendency to persevere, to persist despite hindrances, discouragements and impossibilities, distinguishes the strong from the weak. The man without a purpose is like a ship without a rudder.—Thomas Carlyle.

REPORT OF A CASE OF BLASTOMY-COSIS OF THE LARYNX COMPLICATING CARCINOMA*

T. E. FULLER, M. D.,
Texarkana.

The patient was a male 71 years of age, first seen March 7, 1930. Following an attack of influenza in January of that year he had complained of discomfort in his throat, not a real pain, but an uncomfortable feeling made worse by swallowing. There was nothing of importance in the family or personal history; no history of malignancy. The patient had worked in a railroad office for many years and later he was secretary to a Masonic lodge which position he held at the time we first saw him. He had smoked a pipe rather incessantly from his youth. The examination of his nose was negative. He had considerable dental sepsis. The tonsils were small and atrophic. The oro- and hypo-pharynx and larynx were chronically inflamed. The cords were dull but moved perfectly on phonation and respiration. The picture was exactly what we frequently see in people who have smoked to excess for a long time. No unusual effort was made to explore the post-circoid region.

I was out of the office that year for six months and did not see the patient again until September. At that time he was quite hoarse and had great difficulty in swallowing. Examination revealed a large cauliflower mass involving the right arytenoid, the inter-arytenoid space, the ary-epiglottic fold, the false cord, the lower part of the epiglottis and the base of the tongue. It was impossible to see the true cord on that side. There were no palpable glands in the neck. The blood Wassermann was negative. There was no evidence of tuberculosis. A clinical diagnosis of carcinoma was made; the case referred to the late Dr. R. C. Lynch. The following is a part of a letter written by Dr. Lynch:

"He had marked carcinoma just as you suggested at the base of the tongue and upper part of the larynx and beginning to crawl into the larynx. I can not see the rationale of doing anything for a man 71 years of age with this condition. I suggested that we use radium externally or plant it inside. Neither will do much good except probably to make him more comfortable. I think the prognosis is very bad. The chances

* Read before the Section on Eye, Ear, Nose and Throat at the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

are that before the year is out he will be no more."

The treatment suggested by Dr. Lynch was refused.

Shortly after the patient returned home a gastrostomy was necessary and two months later the breathing became difficult enough to require a tracheotomy. The patient's wife learned to care for him quite well and as he was at his home I saw him only occasionally.

In the spring of 1931 a swelling of the glands in the right side of the neck occurred. We supposed at first that this was an involvement from the carcinoma, but soon they showed evidence of fluctuation and were incised. There was nothing unusual in the appearance of the pus. In all, some five or six incisions were required over a period of six months. At the site of each incision a sinus would form which discharged a moderate amount of pus and was surrounded by large flat granulations. These spread until they coalesced and extended into the tracheotomy fistula.

About this time the patient began to swallow by the usual way for the first time since the gastrostomy was done. The almost total absence of pain with such an extensive involvement, the duration of the case and the unusual appearance of the skin lesions made me feel that perhaps we had been mistaken in our original diagnosis. The following is the pathologist's report on the sections from the granulated area:

"Section shows hyperplasia of squamous cell epithelium with irregular papillary arrangement and rather incomplete differentiation, in that hyalinization is not prominent. Cells very somewhat in size, shape and staining qualities, and show occasional mitotic figures. The basement membrane, however, is in general sharp. The stroma is edematous and throughout infiltrated with leukocytes, lymphocytes and endothelial cells, which are greatest in number beneath the ulcerated surface."

Cultures from the pus on Sabourand's medium made a very good growth after two weeks' incubation. The pathologist reported the growth to be blastomycetes. One of the culture tubes was sent to Dr. Gordon B. New who had the bacteriologist's findings confirmed.

After this the patient's physician gave some form of iodine intravenously but it had no influence of the condition. The patient grew gradually but very greatly worse and died July 15, 1932.

A partial autopsy was done by my associate, Dr. A. W. Roberts, as I was on my vacation at the time. A large abscess was found in the neck on each side which communicated in front of the vertebrae. The chest was not opened, but pus oozed from below so that the abscess probably extended into the mediastinum. The pathologist made a number of sections and reported that he could find only chronic inflammatory tissue.

On my return I went over the gross specimen with him and was not entirely satisfied with the sites from which he had obtained his sections. Others were taken and a part of it sent to Dr. New. The report of the pathologist was carcinoma grade four. Our interpretation now is that the patient had this low grade of carcinoma which probably began in the post-cricoid region and that the infection by the blastomycetes was secondary producing the deep abscess and the toxemia from which he died. On the other hand it is possible that the blastomycosis may have been primary and that the carcinoma resulted from the chronic inflammation.

THE REPUBLICAN NOMINEE FOR PRESIDENT SPEAKS.

Remarks of Gov. Alfred M. Landon before the American Medical Association, Kansas City, May 12, 1936:

"From the earliest days the general practitioner in America was, first of all, an individualist. The circumstances of his work made him that; but it was a fortunate situation for the people who needed medical care. It meant that they could have personal ministrations, that there was an intimate relationship between physician and patient and that the sufferer became at once, and remained, the object of very special attention.

"Down to the present day American medicine has continued to be primarily individualistic. It is chiefly on that basis that it is to be distinguished from medicine in many foreign countries. I know very well the arguments for an extension of the best medical service to all groups of the American people. It is a worthy cause. It is enlisting the attention of the best brains of your profession. I have confidence that you will work it out.

"But medicine will not willingly be made the servile instrument of politicians or the instrument of domineering bureaucracy. I predict that the typical American physician and organized medicine as a whole will at no time be ready for any scheme of regimentation, for any system of impersonalized medicine which is totally alien to the best traditions of the American practitioner and of the profession as a whole.

"The American practitioner will not be a party to destruction of that individual, personal service which has been the occasion of a special and justifiable pride. Whatever further advances are made in the broadening of medical service—and there will be an abundance of them—will be made, so far as he is concerned, in accordance with the fundamental conditions of previous achievements."

AGENESIA OF ABDOMINAL MUSCLES IN NEWBORN INFANT*

DON SMITH, M. D.,

Hope.

The title of this paper refers only to absence of abdominal muscles in a newborn infant, and is the report of a case which came under my observation.

However, a recent article¹ calls attention to the relatively common occurrence of agenesis of other groups of muscles. Rector gives quite an interesting medical history and describes in detail the most frequent sites of muscular deficiencies, stating that defects of the pectoral muscles, serratus magnus, quadriceps femoris, trapezius, extensor pollicis longus, abdominal muscles, deltoid, external eye muscles, and facial muscles, have been described. He reports two cases of absence of pectoral muscles, with excellent "cuts" showing the peculiar deformities in both cases.

In an article² Clark reports fourteen cases of congenital absence of one-half of the diaphragm. This should be especially interesting to surgeons, as well as to the general practitioner or pediatrician. Of these, twelve occurred on the left, one on the right, and one was bilateral.

The absence of the above-named muscles, with the exception of the abdominal muscles, and possible exception of the diaphragm, does not affect longevity, nor does it always affect the functioning of the body as a whole. Absence of the abdominal muscles does affect longevity, since the literature indicates that these generally succumb early. Stoesser's two cases died in infancy, and my own case died at the age of four months.

There are several theories as to the cause of agenesis of abdominal muscles. Quoting Stoesser: "In 1901 Osler had a case which he referred to Bardeen, who suggested two possible causes:

(1). The lack of resistance normally met with in the abdominal wall by the bladder, at the time when the kidneys begin to secrete urine, may cause the bladder to expand rather than to empty secretions into the amniotic cavity through the urethra.

(2). Under normal conditions the growth of the abdominal musculature is preceded by the formation of a plexus, supplied from above from

the internal mammary, from below, by the epigastric artery. If for any reason this plexus should not form, there would be a resulting atrophy of muscles. Then these circulatory disturbances also may give rise to the abnormal conditions found in the bladder and ureters.

In 1903 Stumme offered a third possible cause as follows: "Late in the embryonic life, an occlusion of the urethra occurred which, of course, would cause the bladder and ureters to distend, and possibly hypertrophy. The intra-abdominal pressure thus brought about would cause atrophy of abdominal muscles."

"The enlargement of the bladder also interfered with the return of blood from the embryo, causing possibly the development of ascites, which further increased abdominal distention. Finally, the large bladder hindered the entry of the testicles into the processus vaginalis, and their descent into the scrotum. Later, according to Stumme, the cause of the retention of urine disappeared. Then the abdominal walls contracted and became thrown into folds; the bladder also shrank, but was unable to sink down into the lesser pelvic cavity."

Garrod and Davies accept this theory. Molison, however, states that his case could not be explained by the theory of Garrod and Davies, as the bladder in his case was not abdominal.

Stoesser states that in his last case, (he and Ikeda having reported a former one) it was the opinion of Professor R. E. Scammon of the Anatomy Department, University of Minnesota, that the abdominal condition is due simply to a failure or arrest of the embryonic skeletal muscle tissue to extend forward into the anterior body wall, and therefore to develop into the abdominal musculature.

Briefly, the complete medical history, according to Stoesser, is as follows:

In 1927 Ikeda and Stoesser, of the University of Minnesota, collected all the published cases, and reported one of their own. This made a total of 16. In 1930 Hofstein recorded six more, and added one of his own, which brought the number of cases on record to 23. Then in 1931 Malossi and Gelli described one more, and in 1932 Gamble reported a case with only a part of the abdominal wall involved, which was corrected by the modified Mayo operation for umbilical hernia. Finally, Baxter placed three more cases on record. Then Stoesser reported another in 1932, and this summary of cases is taken from his article³. To this total of 29 cases, I take the

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EDITORIAL

THE AMERICAN MEDICAL ASSOCIATION KANSAS CITY SESSION.

The 87th annual session of the American Med-
ical Association was held in Kansas City's im-
pressive new auditorium May 11-15th with nearly
7,000 physicians in attendance, of whom 106
were from Arkansas. Kansas City's welcome and
hospitality were most intimate and cheerful. Its
fortunate geographical location permitted many
physicians to attend the session for the first time
and many others were able to attend their first
meeting in several years. The local committees
under the general chairmanship of E. H. Skinner
performed most efficiently. Of especial notice
were the arrangements whereby the aims and
ideals of organized medicine were brought to the
attention of the laity of Kansas City and the
nation, speakers being furnished numerous local
organizations as a supplement to complete press
coverage and radio broadcasts.

One hundred and sixty-three of the total 175
delegates were present for the deliberations of
the House of Delegates. This body again served
notice to all concerned that any interference with
the free exercise of our vocation will be resisted
to the utmost by organized medicine, reaffirming
its previous declarations that the traditional rela-
tionship of physician and patient must not be
disturbed. By special action, Tate Mason, seri-
ously ill at his home, was installed as president in
absentia, a gracious and sympathetic gesture to
one who had received the greatest honor within
the gift of organized medicine. Unanimous ap-
proval was given the resolution adopted by this
Society at the Hot Springs session which con-
demns as unethical participation in so-called in-
surance medical directories.

Some of the more important actions of the
House of Delegates are summarized, (full details
of the meeting appear in the Journal of the
American Medical Association for May 23rd and
30th):

1. Approved in spirit the requirement that members
of the staff of hospitals approved for intern training
should be members in good standing of the American
Medical Association.

2. Took the position that in the light of present knowl-
edge, the parentage of an infant cannot be determined
by laboratory methods.

3. Reaffirmed its previous stand that the practice of
radiology is the practice of medicine and also reaffirmed
its position that the work of medical technicians should be
done under the supervision of licensed physicians.

4. Declared against the inauguration of further experiments in the field of providing medical services until the results of present experiments can be analyzed.

5. Recommended that local societies readjust, if necessary, the extra charge for mileage in view of improved transportation facilities so that no valid complaint against this part of the cost of medical care may be made by rural families.

6. Recommended increased diligence by state licensing boards in the revocation of licenses of physicians convicted of felonies and, in particular, of those convicted of violations of the narcotic laws.

7. Disciplinary powers over members were extended from the counties and the state to the Judicial Council.

8. Recommended a study of occupational diseases, particularly silicosis, in order that uniform state legislation might result.

9. Referred to the Board of Trustees for investigation and appropriate action the report that funds of the Resettlement Administration were advanced farmers to purchase stock in a co-operative hospital association.

10. Reaffirmed its long-standing rule that consultations with irregulars were unethical.

11. Approved a resolution that students be judged for admission to medical schools not only on academic standards but also for "character, personality, social fitness and motivations."

The scientific aspects of the meeting were of the highest order and 170 scientific exhibits were of extraordinary importance as an educational factor. Over 200 commercial exhibits gave the physician an opportunity to examine and discuss newer developments in technical procedures with the manufacturers.

INSURANCE MEDICAL DIRECTORIES.

The attention of all members is called to the following resolution adopted by the Society at the Hot Springs meeting April 29th:

"WHEREAS, certain commercial interests are publishing medical directories, listing physicians by specialty and otherwise, as available for insurance and compensation work, and other professional services, and

WHEREAS, participation by listing in these lay publications merely serves for the profit of the promoters, and is furthermore technically indirect solicitation of patients.

THEREFORE, BE IT RESOLVED, That the Arkansas Medical Society condemns these practices as unethical and forbids its members to continue listing their names in such directories, and

BE IT FURTHER RESOLVED, That the Arkansas Medical Society requests the House of Delegates of the American Medical Association to take similar action."

The resolution was presented to the House of Delegates of the American Medical Association and referred to the Judicial Council for study. The Judicial Council approved the resolution and recommended its adoption, which the House of Delegates did at the session of May 14th, 1936.

The attention of our members has been previously called to the activities of these directory publishers. As is often the case, individual physicians felt that they might incur a loss if they removed their names from such directories while other members retained their listing. With this thought in mind, the above resolution has been adopted. The practice of so listing is declared unethical; no individual member may now feel that should he remove his name that another physician will accept that listing. The benefit is direct to these physicians in the fees saved; the loss is entirely the promoters.

Some idea of the financial gains involved in the publication of these directories may be understood when we state that one directory now on our desk contains the names of approximately 5,000 physicians. Ninety-two Arkansas physicians are listed in the three directories available to The Journal. The fee charged for listing in this one directory is \$15.00 per annum. A liberal estimate of the cost of publication and distribution is \$15,000. The balance, \$60,000, is presumably divided between the promoter and his solicitors. Verily, a most altruistic motive prompts the publication.

OBITUARY

FELIX MELVILLE SCOTT, aged 82 years, died at his home in Paragould June 17th. Graduating from Vanderbilt University School of Medicine in 1881, he had lived in Paragould for 53 years. For eight years he served as health officer for Greene county. He was a past president of the Greene County and First Councilor District Medical Societies. In the Methodist Church he was one of two surviving charter members of the Paragould church, a member of the board of stewards, secretary of the district board of trustees, a member of the district conference and a district lay leader. He is survived by a daughter, Mrs. T. S. Holloway of Paragould.

JAMES TATE MASON, installed President of the American Medical Association in absentia May 12th, died at Seattle June 20th following a prolonged illness.

PROCEEDINGS OF SOCIETIES

The Washington County Medical Society met in dinner session June 2nd for the following program: "Surgery in Diabetes," A. F. Hoge, Fort Smith, and "Prevention of Postoperative Intestinal Incompetence," LeRoy Long, Oklahoma City.

Forty physicians attended the annual banquet session of the Crawford County Medical Society at Mulberry May 26th.

The Eighth Councilor District Medical Society met with the Conway County Medical Society at Petit Jean State Park, Morrilton, May 28th, for the following program: "The Future of Medicine," W. R. Brooksher, Fort Smith; "Sinusitis in Children," Robert Caldwell, Little Rock; "The Problem of Caring for the Mentally Abnormal," A. C. Kolb, Little Rock, and "Surgical Treatment of Tuberculosis," A. C. Shipp, Little Rock. In the evening a banquet was held in Mather Lodge with addresses by Audrey Strait, Morrilton, and Earle Hunt, President of the Society.

The Mississippi County Medical Society met June 2nd for the following program: "Mitral Insufficiency," C. E. Wilson, and "Aortic Regurgitation," T. F. Hudson. The society will not meet during July and August.

F. D. SMITH, Secretary.

The Ninth Councilor District Medical Society met at Eureka Springs June 2nd, the following program being presented: "Mechanism of Heart Beat and Electro-cardiography" (motion picture), C. T. Chamberlain, Fort Smith; "Minutia of Thyroid Signs and Symptoms," F. T. H'Doubler, Springfield; "Medicine Forty Years Ago and Now," Geo. B. Fletcher, Hot Springs National Park; "Cardiac and Renal Complications of Pregnancy," Guy D. Calloway, Springfield; "The Treatment of Certain Complications of Pregnancy," Fred Farthing, Springfield, and "The Future of Medicine," W. R. Brooksher. The evening banquet session was addressed by Hon. A. J. Russell, Jr., Eureka Springs, on "The Future of the Doctor and Medicine." Officers elected were: J. J. Morrow, Cotter, President; D. K. McCurry, Green Forest, 1st Vice-president; W. H. Poynor, Harrison, 2nd Vice-president; J. H. Fowler, Harrison, Secretary-treasurer. The society will next meet at Harrison December 1st.

The First Councilor District Medical Society met at Tyronza June 18th for the following program: "Diagnosis of Acute Diseases of the Abdomen," R. C. Shanlever, Jonesboro; "Importance of Urinalysis," N. B. Ellis, Wilson; "The Importance of Pain as a Symptom in Disease," R. T. Nowlin, Memphis; President's Address, L. C. McVay, Marion; "The Trend of Medical Legislation," Val Parmley, Little Rock; "Surgery in Tuberculosis," F. H. Krock, Fort Smith; "A Review of Heart Diseases," R. B. Robins, Camden; "Treatment of Acute Intestinal Obstruction," J. L. McGehee, Memphis, and "The Old Man and His Prostate," G. R. Livermore, Memphis. Dinner was served in the high school auditorium. F. D. Smith, Blytheville, was elected secretary and the society will next meet at Harrisburg.

The Fifth Councilor District Medical Society met in dinner session at Magnolia May 26th for the following scientific program: "Ruptured Appendix," G. V. Lewis; "Treatment of Heart Disease," S. C. Fulmer, and "Bronchoscopy," Paul L. Mahoney, all speakers of Little Rock.

The Benton County Medical Society met in dinner session with J. T. Powell at Gravette June 11th. The scientific program was furnished by J. T. Powell and L. O. Greene.

GEO. M. LOVE, Secretary.

The Arkansas County Medical Society met at DeWitt June 9th for the following program: "Erysipelas," M. C. John, Jr., and "Report of the American Medical Association Meeting," R. H. Whitehead and E. B. Swindler.

M. C. JOHN, JR., Secretary.

The fifteenth annual session of the Fort Smith Clinical Society was held June 10th with operative and dry clinics conducted at Saint Edwards Mercy Hospital in the morning by M. E. Foster, A. F. Hoge, D. W. Goldstein and J. H. Buckley. The noon-day luncheon was addressed by L. M. Henry, "Diagnosis and Treatment of Nasal Polypi;" J. A. Foltz, "The Diagnosis of Obscure Fevers," and C. S. Means, "Modern Treatment of Early Syphilis." At the afternoon session the following program was presented: "Use and Abuse of Digitalis," A. A. Blair; "The Significance of Cardiac Arrhythmias as Encountered in General Practice," Willard Wirth, New Orleans; "Clinical Differentiation of Tumors from the

Standpoint of Treatment," J. L. Goforth, Dallas, and "Modern Methods of Radiation Therapy," C. L. Martin, Dallas.

The Ouachita County Medical Society held its regular monthly meeting June 4th at the Camden Hospital. After a delightful dinner served by the nurses of the hospital, the following program was given: "Birth Injuries" and "Trichomonas Vaginalis" (movies from the library of Dr. Carl Davis, Milwaukee, Wis.); "Trichomonas Vaginalis," Dr. Joe Sanderlin, Little Rock, and "Mills and Medicine," Dr. Val Parmley, Little Rock.

R. B. ROBINS, Secretary.

The Independence County Medical Society met in dinner session at Batesville June 8th for the following program: "Diabetes," L. T. Evans and Paul Jeffery, and "Anesthesia with Special Reference to Spinal Anesthesia," J. J. Monfort.

The Southeast Arkansas Medical Society was addressed June 15th by Geo. B. Fletcher, "Underwater Treatment of Certain Types of Paralysis," and W. T. Wootton, "Is There a Rheumatic Heart?"

The Craighead-Poinsett County Medical Society was addressed June 4th by A. C. Shipp, "Surgical Treatment of Tuberculosis," and S. F. Hoge, "Rheumatism".

The Tri-County Clinical Society met at Hope May 28th for the following program: "Blood Dyscrasias," J. E. Knighton, Jr.; "Some Interesting Kidney Conditions," W. B. Allum, and "Insulin Protamine," J. E. Knighton, Sr. Officers were elected as follows: President, L. M. Lile, Hope; Vice-presidents, O. G. Hirst, Prescott, E. E. Carter, Arkadelphia, and H. H. Darnell, Columbus, and Secretary, R. L. Bryant, Arkadelphia.

Pioneer practitioners of Clay and Greene counties were honored at a joint meeting of Clay and Greene County Medical Societies held at Paragould June 2nd. Speakers were: H. A. Stroud, Jonesboro; J. H. Lamb, Paragould; R. J. Haley, Paragould; W. J. Blackwood, Rector; O. H. Clopton, Rector; F. M. Scott, Paragould; W. M. Majors, Paragould, and R. M. Sloan, Jonesboro. The general theme of the session was fifty years of progress in medicine.

PERSONALS AND NEWS ITEMS

BORN—On May 2nd, a son, to Dr. and Mrs. M. F. Kelly, of Sheridan. Congratulations!

The Little Rock Chapter of the Military Order of the World War recently elected the following officers: S. F. Hoge, Vice-chancellor, and Val Parmley, Surgeon.

Paul Mahoney, Little Rock, attended the American Otolaryngorhinological Society meeting in Denver during May.

H. Fay H. Jones recently attended the meeting of the American Urological Association in Boston and was made a diplomate of the American Board of Urology. He also won the Chicago Olympic Fields golf trophy. Prior to return home, Dr. Jones visited urological clinics in New York.

"Earache," by R. R. Kirkpatrick, Texarkana, appeared in the May issue of the Tri-State Medical Journal.

A. A. Blair recently addressed the Fort Smith Junior High School assembly on "The Importance of Life Saving."

Frank Vinsonhaler addressed the Little Rock Y. W. C. A. May 28th.

Geo. V. Lewis, Little Rock, has been appointed division surgeon for the Missouri Pacific Hospital Association at Little Rock. C. A. Rosenbaum, McGehee, has been promoted from division surgeon at McGehee to assistant division surgeon at Little Rock, and M. B. Leverett has received appointment as division surgeon at McGehee.

Stanley M. Gates recently addressed the Monticello Rotary Club on "Trifles That Murder Sleep."

R. H. Willett, Jonesboro, has returned from postgraduate study in deep x-ray therapy at Cook County Hospital, Chicago.

St. Bernard's Hospital of Jonesboro is installing a Maximar deep x-ray therapy unit.

F. G. Engler, Mountainburg, attended the recent meeting of the American Psychiatric Association in Saint Louis.

"Cyst of Wolffian Origin with Aplasia of Kidney and Ureter, Hydronephrosis and Undescended Testicle," by Daniel R. Hardeman and Albert De Groat, Little Rock, appeared in the March issue of *Annals of Surgery*.

S. C. Fulmer, Little Rock, addressed the Arkansas Pharmaceutical Association June 9th.

Alan A. Gilbert is general chairman for the five-state promenade of the Forty and Eight to be held at Fayetteville July 4th.

M. S. Craig, Batesville, took postgraduate work in pediatrics in New York City during June.

J. J. Monfort, formerly of Cleveland, Ohio, has located in Batesville to serve as chief surgeon at Dr. Gray's Infirmary.

D. W. Goldstein has been selected as general chairman for the annual convention of the Arkansas Department of the American Legion to be held in Fort Smith during August.

L. G. Fincher, El Dorado, took postgraduate work at Cook County Hospital during June.

S. J. Wolfermann, Fort Smith, attended the sessions of the American Association for the Study of Goiter and the Alumni Clinics of Northwestern University in Chicago during June.

L. C. McVay has moved into his new office building at Marion.

S. C. Fulmer has been appointed assistant dean and head of the department of medicine of the University of Arkansas School of Medicine.

L. J. Kosminsky recently addressed the De-Queen Rotary Club on "Highway Safety".

H. W. Hundling, Little Rock, recently spent a vacation in Des Moines.

L. H. McDaniel, Tyronza, recently addressed the Jonesboro High School Alumni banquet and the West Memphis Rotary Club.

AGENESIA OF ABDOMINAL MUSCLES IN NEWBORN INFANT.

(Continued from page 39)

liberty of adding my own, making 30 in all. Since my case was reported there have been four more, but literature on these is not available to me.

The history of my own case is as follows: In July, 1933, a male negro baby, was brought to my office for examination. The parents were concerned about the peculiar appearance of the baby's abdomen. The baby was born on April 27th, 1933, and was brought to my office at the age of about three months. It had had a normal delivery by a midwife, was breastfed, and had been apparently well since birth. Physical examination showed a fairly well-nourished baby. No abnormality of oral cavity; no "sniffles", glandular involvement, skin lesions, or other stigmata of syphilis; heart and lungs negative; extremities normal; urine not examined. The appearance of the abdomen was striking. The skin lay in wrinkles not unlike in appearance that of a woman who has borne children. On palpation there seemed to be an entire absence of muscular tissue. The abdomen was flat and broad, just "spread out," as you can imagine it would be with no muscles to hold it in proper conformity. I did not palpate the bladder, as I was not familiar with the condition, nor with the theories as to its causes. I had no literature in my office on this subject until my attention was attracted to an article by Stoesser³.

The child was sent home with the request that it be brought back for further observation, but it died in August, 1933, and thus one of the medical curios slipped through my hands without a proper study of the case.

My motive in reporting this case is that, as far as I know, it is the only case that has ever been reported in this state; and further, to call to the attention of the medical profession in Arkansas the rather frequent absence of certain muscles, and the infrequent occurrence of agenesia of the abdominal muscles. If this paper will stimulate a study of these conditions, it will have accomplished its purpose, though presented in a rather crude way.

¹ Rector, John Mott, *J. Pediat.*, Nov., 1935, 7:625-630.

² Clark, T. Wood, *Arch. Pediat.*, Dec., 1935, 52:666-675.

³ Stoesser, A. V., *Arch. Pediat.*, Oct., 1933, 50:739-742.

FOR SALE.

One Spencer microscope for sale at a low price. Dr. J. A. Wigley, Mulberry, Arkansas.

WOMAN'S AUXILIARY PAGE

MRS. H. E. MURRY, Publicity Secretary, Texarkana.

LIFELONG.

If you can boast
One loyal friend—and true
Who tolerates your faults
And loves you too

Then find a spot
And build a wall around
For loyal friends
Are very seldom found

So hard to find
And harder still to keep!
Foundations should
Be made of rock—and deep.

Friendship's cement
When moistened with your tears
Is firmly set
And lasts thru changing years.

Your prisoner
Will never count the hours
When creviced walls
Are camouflaged with flowers.

Vera Blood Fletcher.

Visitors from DeQueen, Horatio, Maud, and Ashdown attended a meeting of the Woman's Auxiliary to the Bowie-Miller County Medical Societies May 29th, in the home of Mrs. Wm. Hibbetts, 2526 Wood Street, later attending a dedicatory address at Hillcrest Cemetery, perpetuating the memory of the late Mrs. Preston Hunt, who served as president of the Texas State Auxiliary. Mrs. Charles Adna Smith, Jr., and Mrs. T. E. Fuller were assistant hostesses with Mrs. Hibbetts. A number of Auxiliary dignitaries, scheduled to take part in the dedication of an oak tree to Mrs. Hunt, were unavoidably detained. For the program of the afternoon, Mrs. J. T. Robison reviewed "Texas Writers." After a delicious ice course, the group motored to Hillcrest cemetery, where Mrs. J. T. Robison was in charge and Dr. M. T. Andrews, pastor of the First Baptist church, dedicated the tree. Mrs. G. M. Alverson and Mrs. E. M. Holt sang a duet, "Trees."

The Auxiliary to the Ninth Councilor District Medical Society met in Eureka Springs June 2nd. The visiting members assembled in the lobby of Basin Park Hotel and at 2 p. m. they were conveyed to the beautiful home of Mrs. J. F. John, who was assisted in entertaining by Mrs. Henry Pace of Eureka Springs, and Mrs. J. R. Parker of Berryville. The meeting was called to order by Mrs. W. H. Poynor, president, of Harrison. Roll call was answered by nine members and three visitors. Minutes of previous meeting were read and approved. Report from the state meeting at Hot Springs, in April, was given by Mrs. D. K. McCurry. The report from Hygeia Chairman for the District showed nine Hygeia's sold, which was the full quota assigned. Mrs. J. F. John resigned as Presi-

dent-Elect, and Mrs. Eulys Jackson, Harrison, was elected to that place. The election of officers was changed by unanimous consent from December to June, so as to correspond with the Medical Society date. A paper on "Cancer Control" was read by Mrs. Henry Pace, followed by round table discussion. Each member pledged to take a yearly physical health examination, as each auxiliary has been asked to do this. By request of the auxiliary, Dr. J. R. Parker, head of the hospital in Berryville, has agreed to deliver lectures illustrated by slides or moving pictures on the subject of "Cancer Control" to women's organizations in Carroll county. The business meeting adjourned to meet in Harrison December 2nd. The hostesses then presented a delightful hour's entertainment: Reading, Lou Emma Pendergrass; piano solo, Mary Janet Simpson; violin solo, Robert Smith, with Miss Bullock, accompanist; vocal solo, Mrs. A. J. Russell; tap dance, Martha Pickens and Lou Emma Pendergrass; tap dance, Lucile Pace, Mary Janice Thomas and Mary Janet Simpson.

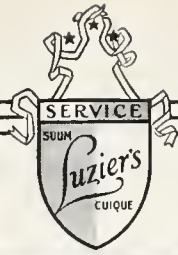
Members and guests were then served refreshments of iced fruit punch and cake. A rising vote of thanks was then given to Mesdames J. F. John, Henry Pace and J. R. Parker for the very enjoyable afternoon. All members were conveyed back to the Basin Park where they were joined by their husbands, and all together were served a delicious chicken dinner at the Palace Hotel at 6:30, with Dr. D. L. Owens as toastmaster. A very interesting and pleasant evening was spent, and Dr.'s J. F. John and J. R. Parker were congratulated on the arrangements for such a good meeting.

MRS. D. K. MCCURRY, Secretary,
Ninth Councilor District.

Early practitioners of Greene county were honored at a meeting of fifty physicians of the Clay-Greene County Medical Society at Paragould June 5th, Tuesday night, as a centennial feature. Physicians were present from Jonesboro, Walnut Ridge, Pocahontas, Corning, Piggott, Rector, Marmaduke and Paragould. Mrs. W. E. Ellington of Paragould was named president of the Auxiliary; Mrs. J. J. Hudgins of Paragould, treasurer, and Mrs. J. H. Lamb of Paragould, secretary, at the meeting.

Members of the Auxiliary to the Pulaski County Medical Society entertained the doctors of the society with the annual party on May 19th, at the home of Dr. and Mrs. Alvin Strauss. The party was a fried chicken box supper, served at 7 o'clock at small tables arranged on the spacious lawns and gardens surrounding the home. Bright spring flowers on the supper tables blended with the blooming plants, flowers and shrubs in the garden and fish pool. Mrs. Strauss was assisted by a committee including Mrs. Val Parmley, Mrs. W. L. Sadler, Mrs. R. M. Eubanks, Mrs. R. E. Pryor and Mrs. Joe H. Sanderlin. Horse-shoe pitching and other lawn games, and bridge were played later in the evening. There were more than 100 present.

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* The ingredients used in Preparations by Luzier have been made known to the American Medical Association, and may be had on your husband's request.

Luzier's, Inc., Makers of Fine Cosmetics

— KANSAS CITY, MO. —

RANDOM THOUGHTS OF THE SECRETARY.

May 28th. Attending the Eighth Councilor District meeting atop Petit Jean, rich in legend and scenic beauty, a tribute in its present improved state to the untiring efforts of T. W. Hardison, whose 30 years of service to this section seems to have little affected his youthful buoyancy. No doubt that for him Petit Jean's flute still plays. Earle Hunt presides with a decorum and dignity, the existence of which was totally unknown to us. Mobley and Matthews provide opportunity for good fellowship to reign at cottage number one. A dinner within the spacious lodge such as one would expect and we then re-

gretfully turn downhill and along the valley trail homeward.

June 2nd. Lacking the solace of a traveling companion, we strike out for Eureka Springs, becoming a bit surprised at our uncanny navigation in that we are able without once stopping for directions, to enter the city from the east, thus avoiding all those hills and the Crescent Hotel puzzle drive which are a hazard on city 62. An attentive audience, even to our prophetic utterances, is a happy accompaniment to all Ninth Councilor District meetings. The veratrum group, however, takes over the discussion and glory for results in eclampsia. A second good dinner is enjoyed but we are far more impressed with Jay Russell's grasp of the present-day difficulties of



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THE JOURNAL

medical men and his exhortation that we exert ourselves to acquaint the public with our problems. His vigorous denunciation of regimentation and his advocacy of individualism are most comforting and we only hope that the message may be as well carried to other influential laymen as the Carroll county men have done in his instance. Returning home as a second section of the Krock-Chamberlain tour, enjoying their discomfiture when they are told of the tail-light's failure to function, it being apparent that they have been engaged in berating drivers of other cars so law-violating. A discovery of the day is John's cowboy tendencies, and more surprising, the ability of this group of medical men to absorb punishment; we are asked to extemporaneously respond to the address of welcome.

June 3rd. Personal to Peggy: For the happiness of the past years, for your encouragement, your cheering presence in times of stress, we have naught but heart-felt thanks. For the years to come we hope that we carry on our part so that your smile will continue to reflect a real happiness within. In the evening we enjoy the companionship of kindred spirits, permitting us to make one of our all too frequent broadcasts concerning Don and Mary Frances' gift: "I'll bet that's for me!" And so it was! Hazel convulses the party by a one-sentence summary of honeymoons.

June 5th. Eberle takes occasion to astound us with the extent of his practice, twice calling us in to see salivary calculi.

June 10th. This day the Fort Smith Clinical Society competes with a man named Roosevelt for attendance. Enthusiasm and interest of guests and speakers compensate for lack of numbers and the day is most profitable. We have the privilege of sponsoring Charlie Martin, a chip off the old block, an inspiration for our continued efforts. Foltz arranges a jolly banquet session where many a good tale is related, among which H. Moulton's account of the Scotchman who wished the erring girl to have another chance, Weddington's story of the assumption of undue privileges by the bourgeois and Martin's Indian who did a bit of auto-surgery are carried forward for another telling. Jim Amis' comment upon Eberle's case previously diagnosed uterine displacement as a case of misplaced confidence we consider as having the marks of genius. In the late evening gathering at the homestead where merry banter lasts until a late hour.

June 18th. This day traveling 311 hot miles to Tyrone with Krock and Chamberlain particularly observant for disturbances in the share-cropper area but find everything closed up for the day, a South American custom which we should like to introduce in our own territory. L. H. McDaniels provides a cheery welcome and we note that a goodly number of the members exhibit loyalty by their attendance despite the weather. Majors is on hand for his 30th consecutive district meeting—a record to our way of thinking. For the once we are disinclined to deliver ourself of any remarks post-banquet but are placed on the spot by McVay. Necessity forcing us to depart shortly thereafter, we take a train for Memphis and thence to Mansfield, thankful for the benefactor who brought air-conditioning.

June 20th. We start our third summer as a commuter from Mt. Sequoyah where we nightly enjoy the cool breezes of Washington county, each morning making a rush downhill when the 7:52 whistles. Missing the train the first morning is no evidence of our sluggishness, merely proof that inactive reflexes become inhibited.



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VITAMIN D—**

Doctors find many uses for this delicious food-drink

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Each glass of Cocomalt in milk also provides .33 gram of Calcium, .26 gram of Phosphorus, 81 U.S.P. units of Vitamin D.

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No. 3

THE RISING MORTALITY IN APPENDICITIS AND WHAT ARE WE TO DO ABOUT IT*

J. A. FOLTZ, M. D., F. A. C. S.,
Fort Smith.

During the last decade few subjects have been covered so thoroughly from every angle as has appendicitis and its complications. Should I therefore apologize for bringing such a hackneyed subject before this body of physicians and surgeons; you men who are the guardians of the lives and health of the people of Arkansas? I think not. I think that I can prove that as the lawyers would put it there is a case in court entitled, "The People vs. The Medical Profession," in which the people, according to the evidence that could be submitted, will win and the profession will lose in every state except Pennsylvania because in all other states, practically nothing has been done about it and in Pennsylvania something has been done about it.

"The mortality of appendicitis in the United States is excessively high as compared with all other countries of the world. From the statistics of John O. Bower in 1928, the death rate from acute appendicitis in the United States was 15.3 per one hundred thousand, a mortality that is—

59.3 per cent higher than the city of Mexico;
70. per cent higher than Germany;
70. per cent higher than Scotland;
98.7 per cent higher than New Zealand;
109.5 per cent higher than England and Wales;
131.8 per cent higher than Irish Free State;
313.5 per cent higher than Italy.

That was in 1928; today 1935, the death rate is around 18 per one hundred thousand. Twenty thousand people, young and old, die each year in the United States of appendicitis and its complications. Approximately 250 die in Arkansas.

Of this number it is estimated by competent authorities that it is possible, feasible and practical to save over 50% or 10,000 annually in the United States, 125 to 200 annually in Arkansas. Quoting from Thew Wright, New York State Journal of Medicine, June 1933, "That a disease which if promptly recognized and properly treated should be practically free from mortality nevertheless does show an annual death rate in the United States of 18 per hundred thousand, thus equaling the combined death rates from ectopic pregnancy, pyosalpinx, gallstones, surgical diseases of the pancreas, spleen and thyroid, and nearly equaling that from gastric ulcer, duodenal ulcer, intestinal obstruction and gallstones, and exceeding that from measles, scarlet fever and whooping cough together, as well as totaling that from automobile accidents, and nearly equaling that from diabetes, is a fact sufficiently striking to warrant our most serious and thoughtful consideration."

Before we can approach a solution to this or any other problem the underlying cause or causes must as nearly as possible be determined. A review of a most voluminous literature on this subject, compiled during the last four years, since it has been undergoing investigation, demonstrates that the cause of this abnormally and unnecessarily high death rate is due:

1st—To ignorance and lack of information among the people. A failure by the people both educated and otherwise to appreciate the fact that a pain in the abdomen occurring at any time anywhere and under almost any circumstances, is suspicion of a beginning appendicitis, and that under such circumstances any purgative should be avoided as a deadly poison. It is not only my opinion but it is practically the unanimous opinion of every authority whom I have consulted, that if the medical profession would teach the laity this lesson, then by that act alone the mortality of appendicitis could be reduced 50%. It is also the unanimous opinion of these authorities that the profession is shirking its duty and neglecting a sacred obligation.

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

when it does not take every step within its power to so educate the people.

2nd—It also seems to be quite unanimously agreed, that one explanation of the fact that the higher operative mortality as compared with that of ten years ago is because ten years ago a great many operations were done for what was called chronic appendicitis, quite frequently a misnomer. Today a great deal less of this is being done and therefore the cases now operated are cases of real acute appendicitis. Now, inasmuch as the mortality in operations for chronic appendicitis is practically nil, it should not be more than one in five hundred, and that the mortality in operations for acute appendicitis is quite appreciable, the mortality rate would naturally be higher for now fewer cases of so-called chronic appendicitis are being operated upon than in the past.

3rd—And last, is a lack of skill in the ranks of, you might say, over-night operators, who have sprung into existence, lured by the glare of surgical fame and by money. Quoting from Thew Wright, "There is no gainsaying the fact that there are from ten to twenty operators in the United States today for every one of fifteen years ago, and unfortunately a large percentage of these operators have not had the requisite training to make them real surgeons." In other words they are operators, not surgeons.

Thus we have the causes, now what are we to do about it?

As to the second cause, this needs no attention as it will automatically take care of itself. As to number three, I am frank to confess that the case seems hopeless. As to number one, much can be done about it, much has already been done about it in some sections, particularly, Pennsylvania.

An elaborate table of statistics which I have neither the time or inclination to quote to you now has been compiled by Dr. John O. Bower of Philadelphia in the Pennsylvania Medical Journal of April, 1934, and also by Dr. Hoffman, consulting statistician of the Prudential Life Insurance Company, covering 117 large cities in the United States, brings out the startling fact that the average mortality in these 117 cities is 81% higher than that of Philadelphia.

"The answer is that in Philadelphia something has been done about it. Here the public is being taught that abdominal pain which lasts six hours is serious and at no time in instances of abdominal pain should a laxative be administered. Any campaign to be successful must

include publicity as its outstanding essential feature. This has been done in Philadelphia. The population is being made appendicitis conscious, and this placard was posted in the majority of drug stores in Philadelphia:

APPENDICITIS

Severe pains in the abdomen are often dangerous. Do not take purgative. Call a physician. Deaths from appendicitis are increasing annually.

WARNING

In the presence of abdominal pain:

Never give a laxative
Give nothing by mouth
Apply ice cap or hot water bottle
Call your family physician.

Abdominal pain which lasts more than six hours is usually serious.

This warning is published by the Philadelphia County Medical Society and endorsed by the Department of Public Health.

Of these, 600,000 were sent to more than 3,000 physicians in two years.

Since the greatest incidence of acute appendicitis is between ages of 11 and 20, talks were given to high school pupils and stickers were distributed directly to them with the request that they stick them on a book in daily use. This campaign is held responsible for the fact that according to the latest statistics, the death rate from appendicitis in Philadelphia is 81% lower than in the average of 117 other cities; in other words making due allowances for errors, this would mean that Philadelphia has made a flat reduction in its mortality rate from appendicitis of 75%. Now what Philadelphia can do, Hot Springs can do, Little Rock can do, Fort Smith can do, Arkansas can do, and if that is done and such a campaign is started now, in five years from now the case of the People vs. The Medical Profession would be reversed and any court of justice would be compelled to render its decision in favor of the defendant, the profession of medicine, because we could then prove that we had done our duty, that we had met our great responsibility squarely, conscientiously and intelligently, and that again in a crisis we had proven ourselves master of the situation. The sole purpose of this paper is to start such a movement in the state. I am sure that Sebastian County will join actively in this movement. I would like to see our hosts of Hot Springs and Garland County start this movement. If Garland County and Pulaski County and Sebastian County and three or four others of the most populous counties of the state will take this up we will have done a real service to the people whose lives and health it is our duty to preserve.

HIGH CARBOHYDRATE DIET IN THE TREATMENT OF DIABETES MELLITUS*

BERRY L. MOORE, M. D.,
El Dorado.

Diabetes Mellitus is essentially a disease concerning carbohydrate metabolism. There is considerable lack of understanding and some misunderstanding about high carbohydrate diets. A high carbohydrate diet does not mean an unlimited or free choice diet. We not only have to control protein and fat intake but also carbohydrate intake.

In reviewing the literature we find that the first treatment for diabetes was the withdrawal of all food. Then carbohydrates were reduced because it was discovered that there was a disturbance in carbohydrate metabolism. Joslin and Allen were at first staunch supporters of under nutrition. The conversion of carbohydrate and a part of protein of the diet into glycogen by the liver had long since been an established fact; but the conversion of fatty acids into glycogen was considered an impossibility. On theoretical grounds it could not be seen why fat metabolism should influence glycosuria. Therefore the use of high fat diets continued.

In 1915, Joslin pointed out that the high fat diet prescribed at that time was responsible for acidosis, and his diets began to show a decrease in fats. In 1921, the motto came out that "Fats Burn in the Flame of Carbohydrates." One molecule of glucose is sufficient to burn one molecule of a higher fatty acid (acetoacetic acid). Workers assumed a ketogenic antiketogenic ratio of 1.5::1, which was later raised to 2::1. Insulin was then discovered but the next year was spent in trying to discover a substitute for it.

In 1926, Sansum published his results with very high carbohydrate low fat diet. He was able to stabilize the patient on high fat low carbohydrate diet plus insulin, then switch to high carbohydrate low fat diet without causing very much of an increase in insulin. Joslin has added an increasing amount of carbohydrate to his diets but hardly ever gets up to two hundred grams per day.

The management of diabetes on a high carbohydrate low fat diet is much easier than with a high fat diet. The meals are much more palat-

able and the patient will not be tempted to "steal" on you. It is also claimed for this diet that it is cheaper. Hyperglycemia and glycosuria are more easily controlled.

When it is thought that a patient has diabetes mellitus, sometimes difficult of determination, because the patient may have an alimentary glycosuria or a low renal threshold. A blood sugar and a glucose tolerance test would verify it. If, however, it is an established fact that a patient has diabetes mellitus the following routine is carried out:

The patient is weighed and given a diet with caloric value amounting to twenty-five calories per kilogram of body weight, provided he is not under or over weight. I like to keep my patient about ten pounds underweight.

The patient is instructed to get four quart bottles and number them from one to four. He is to collect all urine passed in twenty-four hours in these four bottles. Bottle (1) is to contain all urine passed between breakfast and lunch. Bottle (2), all urine passed from lunch until supper. Bottle (3), all urine passed from supper until bedtime. Bottle (4), all urine passed from bedtime until breakfast. The specimens are brought to the office and run each day for several days. If glycosuria or acetone are still present, insulin is required. If all specimens are red or orange in color, 20 units of insulin are given before breakfast and 10 units before supper. Insulin is given one-half hour before meals.

A simple method for doing a quantitative analysis of the urine is as follows: With a graduated pipette measure 2.5 cc of Benedict's quantitative solution and place in a test tube, add a small piece of cotton to keep solution from bumping and also add a small amount of calcium carbonate. Heat the solution until the calcium carbonate has been dissolved, then add the urine a drop at a time and boil. When the solution has become decolorized, divide ten by the number of drops used and you have the percentage of sugar.

It as been stated that the patient is given a diet of twenty-five calories per kilogram body weight. The weight of the patient in pounds is divided by 2.2 (1 kilogram equals 2.2 lbs.), and the result is multiplied by twenty-five. The total caloric value is thus obtained.

A simple way to apportion the total calories is given in the following formula:

2½ grams carbohydrates per kilogram body weight.
1 gram protein per kilogram body weight.

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

$\frac{1}{2}$ gram fat for each gram carbohydrates per kilogram body weight.

As an example take a patient weighing 132 pounds:

132 kilograms equals 60.

2.2

Carbohydrates, $60 \times 2\frac{1}{2}$ equals 150 grams.

Protein, 60×1 equals 60 grams.

Fats, $\frac{1}{2}$ of carbohydrate equals 75 grams.

The total calories of this diet are:

150 x 4 equals 600 calories

60 x 4 equals 240 calories

75 x 9 equals 605 calories.

The total number of calories being 1445, which is approximately 25 calories per kilogram body weight.

In all cases I attempt to keep the protein requirement at a maximum to maintain body requirements. In children the requirement is higher and the formula would have to be altered, but in adults one gram of protein per kilogram of body weight is used.

Suppose the diet is as stated above, C (carbohydrates) 150 grams, P (protein) 60 grams, F (fats) 75 grams. Since all meals must be equal (unless otherwise allowed each meal contains C. 50, P. 20, F. 25), these figures are placed at the top of a clean sheet of paper. The patient then begins to list the foods he wishes to eat for the meal being planned, noting the amount of each of the constituents, (carbohydrate, protein and fat), in their respective columns. Household measures are used.

BREAKFAST:

	C	P	F
Toast (white bread) ... 1 slice $3\frac{1}{2} \times 4 \times \frac{1}{3}$..	15	3	0

As the foods are selected and added to the list the carbohydrate, protein and fat columns are watched so as not to exceed the amount allowed.

Thus we proceed:

BREAKFAST:

	C	P	F
Toast (white bread) 1 slice $3\frac{1}{2} \times 4 \times \frac{1}{3}$	15	3	0
Orange juice $\frac{1}{2}$ cup	14	0	0
Corn flakes $\frac{1}{2}$ cup	12	1	0
Egg 1 medium	0	6	5
Bacon 3 slices	0	4	10
Cream 20% 4 tablespoonsful	2	1	6
Butter 1 square	0	0	9
Coffee	0	0	0
Sugar 4 tablespoonsful	20	0	0
	63	15	30

DINNER (lunch)

Bread (white) 1 slice $3\frac{1}{2} \times 4 \times \frac{1}{3}$	15	3	0
String beans $\frac{2}{3}$ cup	6	2	0
Roast beef 1 slice $4\frac{1}{2} \times 2\frac{1}{2} \times \frac{1}{8}$	0	7	1.5
Butter 1 square	0	0	9
Milk 1 glass	11	7	9
Orange 1 medium	12	1	0
	44	20	19.5

SUPPER (dinner)

Bread (white) 2 slices $3\frac{1}{2} \times 4 \times \frac{1}{3}$	30	6	0
Lettuce $\frac{1}{4}$ small head	2	1	0
Carrots $\frac{2}{3}$ cup cubed	6	16	14
Cheese 2 cubes, 1 in. sq.	0	1	0
Butter 1 square	0	0	9
Coffee or tea	0	0	0
Roast beef 1 slice $4\frac{1}{2} \times 2\frac{1}{2} \times \frac{1}{8}$	7	1.5	
	38	31	24.5

TOTAL 145 66 74

On totaling this diet for the three meals we have carbohydrates 145 grams, proteins 66 grams, and fats 74.0 grams. This is well within the limits of any diet for we usually vary from five to seven grams during the day.

Conclusions:

1. High carbohydrate diets in the treatment of diabetes are being favored more and more each year.
2. The management of diabetes on a high carbohydrate diet is much easier than with a high fat diet.
3. The use of household measures instead of weighing the diet has greatly simplified the treatment of diabetes mellitus.

OBITUARY

DEE W. KIRBY, aged 56 years, died while engaged on an obstetrical case at Copeland Ridge, near Gurdon, July 17th. Born in Ouachita County, Dr. Kirby graduated from the Memphis Hospital Medical College in 1904 and had practiced in Gurdon for many years. He was a member of the Baptist Church and the Masonic lodge and had been local surgeon for the Missouri Pacific Lines at Gurdon for twenty years. He is survived by his wife, a son and three daughters.

POSTPARTUM ATONY OF THE UTERUS*

DELMAS K. KITCHEN, M. D.,
El Dorado.

From the outset it is desired to clearly differentiate postpartum hemorrhage due to atonicity of the uterus and hemorrhage occurring as a result of lacerations to the soft parts. In its broadest sense the term postpartum hemorrhage includes any kind of genital bleeding after delivery of the child. Naturally, the majority of vaginal deliveries are accompanied by bleeding from lacerations, hematomata, etc. Hemorrhage occurring as a result of trauma to the uterus, vagina, and perineum is not within the scope of this discussion. The management of these hemorrhages requires only the ordinary skill of exposure and repair. It is only with the hemorrhage from the cavity of the uterus that I will dwell upon for this is the real nemesis of the accoucheur. It is, therefore, with the successful management of the atonic uterus with its resulting hemorrhage that this paper shall deal.

The average blood loss of an uncomplicated delivery varies from 200 to 500 c.c. A few examples of series reported are: Williams' 343.7 c.c. (measured), Ahlfeld's 505.1 c.c. (measured), Tucker's 300 c.c. (measured), Calkins' 222 c.c. and 179 c.c. (partially measured), and Brandt's six and one-half ounces, etc.¹ The blood loss of delivery varies with the general condition of the patient. We know that the nephritic, the eclamptic and the anemic patient is prone to have a greater blood loss. I have always believed that the patient who has a demonstrable hypocalcemia is more likely to bleed. We are at best, however, very scarce in information that will definitely warn us of ensuing hemorrhage. More important, and by far the more common, conditions which predispose to uterine atony are those conditions which produce a large over-distended uterus. Such conditions as multiple pregnancies, large single pregnancies, (also due to the larger placental attachment), large fibroids and hydramnios are often present. Salacz points out that thin-skinned, red-headed, and goiterous women are particularly prone to bleeding following child birth. The woman who has had frequent curettements is always a subject to watch for hemorrhage. Periodically there appear in the literature statements that mismanagement is the chief cause of uterine

atony. This statement is made despite the fact that severe postpartum hemorrhage occurs in the hands of some of our best obstetricians. It is true that mismanagement of the third stage of labor can produce atony. Paul Salacz, Budapest², states that useless manipulation of the fundus is the most important cause of atony and bleeding following delivery. I have never practiced kneading and massage of the uterus before expulsion of the placenta. It is easily seen what such meddling is likely to do when we consider the normal separation of the placenta.

Immediately following delivery of the child the uterus becomes temporarily atonic or flaccid. This allows bleeding to occur behind the placenta from the placental sinuses. This bleeding proceeds peripherally as a method to literally split off the placenta. To grasp the fundus and irritate it to contraction slows this process by partially closing the placental sinuses. This treatment, furthermore, will often detach the placenta on one side allowing the hemorrhage a direct avenue of escape. The placenta is still attached to one side and hemorrhage continues.

The following is an explicit explanation of the routine followed by us at Saint Anne Maternity Hospital. Our incidence of bleeding has greatly decreased since we have strictly adhered to these principles. It goes without saying that prophylactic treatment during the antenatal period is practiced. Calcium and thyroid may be of some value from the standpoint of guarding against bleeding.

Management of the Third Stage

Immediately following delivery of the baby the bladder is emptied by catheter. A full bladder may be a serious impediment to later placental delivery. Directly after expulsion of the child the uterus becomes temporarily quiescent. For a short time it assumes a hypotonic state that is evidenced externally by a flattened discoid appearance. This allows bleeding behind the placenta and as this progresses, the fundus rises in the abdomen, to appear externally as a globular mass possibly inclined a little to one or the other side. This is the real sign that separation of the placenta has taken place. The amount of time necessary for this to take place varies greatly in different individuals. Plenty of time should be allowed for this natural process to take place.

If, at the end of 30 or 40 minutes, separation is not evidenced by this appearance, a maneuver that will often enhance separation is

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

that described by Baer. This consists in grasping the recti muscles in both hands, one above the other, and closely approximating them in the mid-line. If the patient is not under anesthesia she is urged to bear down a bit with her next pain. This will effect separation earlier and, in fact, sometimes expel the placenta immediately. This maneuver simply increases the intra-abdominal pressure that has recently been lost by delivery.

In a former publication³ on this subject, I was quite enthusiastic and described at some length the proper method to deliver the placenta. This procedure has since been greatly simplified and the maneuver that I now use combines principles that have been advocated individually by Brandt, Calkins and Pastore. The former method used was the Dublin expression, so well known on the continent. This maneuver consists of sharply anteverting the fundus over the pubis. The palm of the hand that is used to raise the fundus is then used to press the fundus downward and backward toward the cul-de-sac. This is distinctly advantageous over the old Crede expression because there is no squeezing of the fundus, a procedure that I believe to be conducive to shock and atony. Were it not for one fact I should still practice this method exclusively. That one fact is, danger of prolapse of the fundus into the pelvis. When the fundus is forcibly pushed down into the pelvis there is a tendency to obstruction of the venous return². This produces engorgement of the uterus, consequently hemorrhage and may induce a serious atony. If the fundus is pushed into the pelvis the cervix is likewise pushed nearer the introitus, thereby introducing the added factor of increased chances for infection.

The present method used for placental expression is as follows: The operator stands to the left side of the patient. The open left hand is placed on the abdomen just above the pubis. All fingers are approximated and with the thumb upward the lower edge of the hand is pressed downward just above the pubis. The long axis of the hand is at right angles to the long axis of the uterus. This exerts pressure against the uterus at the junction of the fundus and the cervix. The fundus is then picked up with the right hand with the fingers posteriorly and the thumb anteriorly. It is then anteverted toward the palm of the stationary left hand which is now pressed in above the pubis. The fundus is then gently pressed downward and backward toward the cul-de-sac in an effort to express

the placenta through the cervix and under the left hand. This maneuver expresses the placenta and at the same time the left hand holds the fundus out of the pelvis. The placenta can often be felt passing under the left hand. Once the placenta has been expelled into the vagina it is extracted with the fingers. Never continue pressing on the fundus until the entire placenta has dropped from the vagina for if such is done the fundus invariably is pushed deeply into the pelvis.

After delivery of the placenta the uterus should be massaged lightly for the first time. Massage should be directed to the anterior and inferior aspect of the fundus as massage to the top of the uterus will possibly prolapse the fundus into the pelvis. If no undue amount of hemorrhage is escaping repairs of a previously done perineotomy or traumatic tears are done. A dangerous and fairly common practice is the insertion of sponges into the vagina to keep back and absorb flow while plastic work is being done. Serious hemorrhage may occur behind this packing to gush forth on its removal and greatly surprise the accoucheur.

Management of Atonic Hemorrhage

Various gradations of atony may exist after delivery of the placenta. If there is any atonicity present it is usually in the fundus. Complete atony or atony of the entire uterus is rare, the cervix usually remaining contracted. Atonic bleeding is usually easily differentiated from that due to lacerations of the soft parts. The hemorrhage is usually much greater, there is usually no pulsation, and the fundus cannot be felt or outlined. Such a hemorrhage demands immediate intervention. Let us consider the smaller hemorrhages. These are usually due to hypoa-tony rather than actual atony. Such a slow hemorrhage will often continue over a period of several hours leaving the patient in an anemic condition which predisposes to a slow recovery. Effects of these long continued slow hemorrhages may render a patient debilitated for months or even longer. After we do our delivery and placental expression, our patient is given pituitary hypodermatically and one c.c. of gynergen (Sandoz) also hypodermically. She is then well blanketed and left on the delivery table one hour before returning her to her bed. During this time she is inspected for undue bleeding. If there develops a mild or moderate hemorrhage she is given one-half c.c. pituitrin intravenously. Aside from an occasional case of pituitary shock, which is usually transient, intra-

venous pituitary can usually be given without fear unless the patient is one in which there is an accompanying disturbed vascular balance. In this case she is given small doses of gynergen intravenously. It is interesting to note that rectal administration of this ergot derivative (ergotamine tartrate) is also quite efficacious. Our usual first dose is given in this manner. The intravenous administration of pituitary is usually all that is necessary to produce an immediate cessation of the bleeding. The uterus will usually immediately change from a state of flaccidity to one of hard contraction. Failure in this is an indication for intrauterine tamponade. The management of these smaller hemorrhages will often test the obstetrician's diagnostic and therapeutic acumen to their utmost. Remember that the pulse is a very deceptive factor in obstetrical hemorrhage. It will usually remain slow even through a dangerous blood loss. Remember also never to give morphia following delivery. It may possibly produce relaxation and bleeding.

Sudden Massive Atonic Hemorrhage.

This condition is rare and when present is due to a complete atony of the uterus. I can imagine nothing more horrifying than this condition in the third stage unless it should be sudden death of the mother. It is a veritable flood and one which in a matter of a very few minutes will take the life of the patient. Here haste is pre-eminent. While the assistant is administering pituitary intravenously, the operator is trying to effect a rapid intrauterine tamponade. The life of the patient depends on these things being done and done rapidly. Invariably writers on this subject suggest a multitude of things to be done routinely one after the other for this condition. The hot and cold intrauterine douche is recommended by many. Goodman recommends ice to be plunged into the cavity of the uterus. Compression of the aorta both externally and internally has been recommended. The time consumed in trying these various procedures is dangerous to a rapidly sinking patient. Continued bleeding following intravenous pituitary and intrauterine tamponade leaves one heroic gesture to be made. This consists in grasping the cervix, dragging it down and outside the introitus and placing a volsella on either side at the junction of the cervix and corpus uteri. This is done in an effort to compress the uterine arteries but carries the danger of compressing the ureters. Tamponade is effected by the use of a packer which has been previously reported³. Its particular advantages are its greater diameter and length, otherwise it is simi-

lar to other packing instruments. The greater diameter (one inch) enables the rapid packing of wide strip of gauze. The greater length (fourteen inches) enables the pack to be started from the fundus down.

After treatment is not unlike treatment after any hemorrhage, i.e., treatment for shock, infusion and transfusion.

SUMMARY

1. According to series reported (measured), the average blood loss of delivery varies from about 200 to 500 c.c.

2. Common conditions predisposing to uterine atony are: (a) the large over-distended uterus, (b) nephritis, (c) eclampsia, (d) goitre, (e) general debility, (f) mismanagement of the third stage by useless manipulations.

3. With the use of Baer's maneuver to hasten separation and our present technique of placental expression, our blood loss has been materially decreased.

4. Keep the fundus out of the pelvis.

5. Intravenous pituitary for the control of atonic bleeding. Intrauterine tamponade if this fails. Henkel's technique of grasping the uterine arteries in the event the foregoing fails.

¹ Pastore, John B.: American Journal of Obstetrics and Gynecology, January, 1936.

² Salacz, Paul: Obstetrics and Gynaecology of the British Empire, June, 1935.

³ Kitchen, Delmas K.: Tri-State Medical Journal, Vol. 8, No. 3, December, 1935.

A MESSAGE FROM THE LEGISLATIVE COMMITTEE

The constitutional right of every American is to vote as he sees fit upon issues and for whom he chooses to fill public offices. It has never been the policy of the Legislative Committee to attempt to dictate or even advise the members of our profession as to whom they should vote for to fill the vacancies in the Legislature or administrative offices. However, the Committee does presume to advise the members of the profession to ascertain the attitude of those whom each of us chooses to vote for regarding public health and medical practice. We also advise you to acquaint the person of your selection as candidate for public office with our problems and our wishes.

Your Committee earnestly requests you to lend all of your co-operation in preparing the candidates for an intelligent discussion and understanding of the questions affecting the Medical Profession which are certain to arise during the next administration and the coming legislative session.

PRESIDENT'S PAGE

The resolution adopted by the Arkansas Medical Society requesting that those members, whose names appear in one or more of the several commercial publications listing doctors from the various states by specialists, for which the physician pays a fee, is, I feel, the most outstanding constructive program to emanate from the Arkansas Medical society. This resolution was unanimously approved by the House of Delegates of the American Medical Association at the recent Kansas City session.

Using myself as an example, I will tell you that for several years I have been listed in one of these directories as I thought such a directory was a convenient way of recommending to a patient returning to his home city, and who had no personal physician there, the services of a competent physician. At that time only the Directory of the American Medical Association was available for my reference and I found it quite a task to wade through the alphabetical listing in the particular city to ascertain the specialists practicing in that locality.

Granting that there might have been a place for such a publication, we must admit that there is no longer necessity for their continued existence since the various special societies such as the American College of Physicians, the American College of Surgeons, the American Otolaryngological Association, and others too numerous to mention, now publish their own membership directories, available at no additional cost. Furthermore, the 1936 edition of the directory of the American Medical Association lists those physicians by appropriate symbol who have passed the examining board in the specialties, the most exact criterion at this time of the qualifications of a specialist.

Naturally, I intend to terminate my contract and feel that all members of the Arkansas Medical Society whose names appear in such publications will do likewise.

Another question of vital importance to Arkansas as a whole, and to Arkansas physicians in particular, is, and has been for a number of years, the unrest and uncertainty which exists at the State Hospital for Nervous Diseases. We can recall the many changes which have taken place from time to time when political pressure has been brought into play. It is my hope that in some manner this institution may soon be removed from the possibility of political interference. It is a pleasant feeling to realize that, under the able direction of Dr. A. C. Kolb, patients are being treated scientifically and as human beings. Yet he is not the type of man who would ask political favor to retain his position. As the Arkansas Medical Society has never, and will never, align itself with any candidate for office, it is to be hoped that the present personnel will not be disturbed to make a place for some, perhaps unqualified, political friend.

GEORGE B. FLETCHER.

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EDITORIAL

PROTAMINE INSULIN

With the development of insulin the treat-
ment of diabetes mellitus entered a new era,
yet the problems in connection with its employ-
ment have been many. Among these may be
mentioned, the original high cost of the sub-
stance, its standardization, the question of the
optimum time for its injection as related to the
ingestion of food, the determination of the
amounts required, and the complex relationships
of carbohydrate metabolism, exercise and the
endocrine glands.

Upon a theoretical basis, insulin should be
supplied in the blood stream at a proper inter-
val and in an amount adequate to burn suffi-
cient glucose from the ingested foods so that
a normal blood content and a sugar-free urine
may be maintained. Herein lies the principal
problem in the administration of insulin; the ade-
quate amount and proper rate are not definitely
known. The wide variations of blood sugar con-
tent remain, perhaps, the most difficult phase
of insulin therapy. Efforts to overcome these
wide fluctuations by combining insulin with an-
other substance which would tend to prolong
the action of the insulin were made by early in-
vestigators and search for this substance has
been continuous.

Hagedorn¹ and his associates have apparently
discovered such a substance in a protamine iso-
lated from the sperm of a trout. The new com-
pound is slowly soluble with a physiological action
that is delayed but extends over a longer period
of time than that of insulin. It may be ad-
vantageously employed in those cases of severe
diabetes where the blood sugar content is un-
usually high in the early morning hours. Ob-
viously, it will be valueless in coma and pre-
coma states where rapidity of action is essen-
tial. This same delayed absorption permits a
slower development of insulin reaction afford-
ing additional opportunity for measures to com-
bat the hypoglycemia.

While the new substance does not alter the
basic principles of diabetic therapy, there are
problems in connection with its use which will
require thorough clinical study before an accu-
rate determination of its value can be made.
The simplicity of its administration, one or two
daily doses as compared with three or four of

¹ Hagedorn, K. C., et al. Protamine insulin. J. A.
M. A., January 18, 1936, 106, 177.

insulin, will have a definite appeal to the patient. "Best of all is the hint that the more complete control of the disease which the new insulin makes possible, may so raise the standard of bodily health that the diabetic will be less subject to and will resist more successfully the various so-called diabetic complications, infections, vascular degeneration and abnormal neurologic and ophthalmologic manifestations".

² Joslin, E. P. et al. Protamine insulin. N. E. J. M., May 28, 1936, 214, 1079.

EDITORIAL COMMENT

The Journal is authoritatively informed that a serious attempt will be made to repeal the lien act in the 1937 legislative session. This act, designed to protect the interests of physicians and hospitals, is one of the most constructive legislative enactments secured by our committee on medical legislation. Its inclusion in the statutes of Arkansas has saved many fees which would have otherwise been lost; its effects have been far-reaching, more because of its provisions than from actual employment of these provisions by physicians and hospitals. We cannot too strongly urge that every physician immediately contact his candidates for legislative positions, ascertaining their position on its repeal. This small amount of effort by our individual membership will be productive of great good, no doubt more than our combined efforts in the event that repeal becomes imminent. Consider the worth of the lien act to yourself and your colleagues and see that your legislative candidates understand your desires.

SELF-PERFORMED OPERATIONS

John G. Frost and Chester C. Guy, Chicago (Journal A. M. A., May 16, 1936), review the recorded cases of autosurgery which fall into one of four major groups: (1) surgeons who have operated on themselves, (2) normal minded individuals who have been forced by severe pain or in the absence of medical attention to perform autosurgery, (3) the sexual perverts and those suffering from an acute psychosis, intense sexual excitement, or anger resulting in self-inflicted mutilations or amputations, usually of the genitalia and (4) those who, because of utter ignorance or feeble-mindedness, have attempted the surgical correction of some obvious disease or abnormality. A case (group 4) of major autosurgery, twice performed with eventual recovery is reported. The patient's self-performed operations were undertaken for what seemed, to his simple mind, to be good reasons, castration and the resection of a loop of jejunum 11.5 cm. in length, the former was performed without any medical attention and the latter with surgical anastomosis eleven hours after the injury.

PROCEEDINGS OF SOCIETIES

The Ouachita County Medical Society held its regular monthly meeting at the home of Dr. T. E. Rhine in Thornton, Arkansas, Thursday night, July 9th. The Society was delightfully entertained with a barbecue dinner by Dr. and Mrs. Rhine. Twenty-eight physicians were present. The following program was rendered after the dinner:

"Sinusitis," Dr. W. L. Sadler; "A Proper Neurological Examination With Demonstration," Dr. Pat Murphey; "Some Practical Points in Obstetrics," Dr. E. H. White; all speakers of Little Rock.

R. B. ROBINS, Secretary.

The Tri-County Clinical Society met at Arkadelphia June 25th for a dinner session at the Chamber of Commerce. The following program was presented: "Complications in the Treatment of Syphilis," E. W. Crowe; "Psychopathic Personality," R. E. Rowland, and "Mental Diseases," R. F. Foster, all speakers from the staff of the State Hospital for Nervous Diseases.

R. L. BRYANT, Secretary.

The Arkansas County Medical Society held a father and son banquet at Stuttgart July 14th with Arthur Fowler, Humphrey, making the principal address.

The Craighead-Poinsett County Medical Society met in dinner session at Trumann July 2nd for the following program: "Some Important Factors in the Diagnosis and Treatment of the Most Common Kidney Infections," I. G. Duncan; "Headache," J. A. Hughes; "A Gynecological Subject," M. W. Searight; "Peptic Ulcer," E. G. Campbell and "Pilonidal Sinus," J. L. McGehee, all speakers from Memphis.

The annual picnic session of Benton, Crawford and Washington county medical societies was held at the fish hatchery in Fayetteville July 9th with the following speakers: C. S. Paddock, Memphis; Ford Wolf, Temple, and H. E. Thomason, Kansas City, all former residents of Washington County.

PERSONALS AND NEWS ITEMS

Hoyt Allen recently shot a "hole-in-one" at the Little Rock Country Club.

"Cleidocranial Dysostosis" by Barton A. Rhinehart appeared in the June Radiology.

H. G. Heller has been elected Vice-president of the Mena Lions Club.

W. M. Majors, Paragould, has been appointed county health officer.

"Late Ectopic Pregnancy" by A. D. Cathey, El Dorado, appeared in the June issue of Tri-State Medical Journal.

MARRIED—On June 21st at Harrison, Dr. Henry Kirby and Miss Elva Hudson. Congratulations!

J. E. McGuire, Piggott, recently studied tuberculosis at the State Sanatorium.

BORN—To Dr. and Mrs. R. H. Huntington, Fayetteville, a daughter, on July 1st. Congratulations!

H. D. Wood, who suffered a fractured hip in June, is making satisfactory progress at the City Hospital, Fayetteville.

Chas. S. Holt, Fort Smith, sailed July 11th for a two months' tour of Europe.

Fount Richardson has been elected president of the Fayetteville Lions Club.

Joe F. Shuffield has been appointed captain, Medical Reserve Corps, United States Army.

The State Health Department recently announced the following appointments:

T. T. Ross, Director, Division Maternal and Child Health.

W. Myers Smith, Director, Health Center, Morrilton.

W. P. Scarlett, Assistant Director, Health Center, Morrilton.

R. J. Turner, Director, District No. 1 (Benton, Crawford and Washington counties), Fayetteville.

J. K. Grace, Director, District No. 3 (Clark, Hempstead and Nevada counties), Arkadelphia.

MARRIED—At Fort Smith, July 15th, Thomas P. Foltz, Fort Smith, and Eleanor Stuart Albers. At Fayetteville, July 15th, D. B. Stough, Hot Springs National Park, and Helen Futrall.

S. W. Douglas, Eudora, recently acquired a dinosaur tooth brought up from the Mississippi river by a dredge.

MARRIED—Ross E. Maynard and Miss Marjorie Lovejoy at Pine Bluff, June 16th.

C. H. Dickerson, Conway, is taking postgraduate work at Columbia University, New York.

A. M. Washburn, Blytheville, addressed the 4-H club rally June 25th.

J. W. Branch, formerly of New Orleans, has become the associate of L. M. Lile at Hope.

B. M. Stevenson, West Memphis, has recovered from a recent operation.

E. E. Barlow addressed the Dermott Rotary Club June 23rd on "Fatigue."

Drs. W. P. Ward and E. E. Estes are occupying remodeled offices at Fordyce.

RANDOM THOUGHTS OF THE SECRETARY

July 4th. We conduct a personal fireworks display for the young hopeful atop Mt. Sequoyah, a demonstration tolerated by the neighbors, the last flickering fireball arousing the usual: "Let's do some more."

July 5th. Visiting H. D. Wood, calm and philosophical in his own traction splint with a fractured femur, being regaled with tales of the ingenuity of pioneer physicians. Among them the removal of a hairpin from a bladder, successful enough to arouse the envy of many a urologist of this day, yet accomplished with a most meager armamentarium.

July 7th. Fellow passenger for sixty-four miles with Chas. Holt en route to various European points, discovering first hand that Grayson's plea for birth registration is of vital importance when a passport is required. In these days of subsidies, we might summon the courage to suggest that doubting physicians be offered a foreign cruise to better acquaint them with the aims of birth registration. For ourselves, we assume our only need will arise in the event that we apply for an old age pension. Contemplating some of our difficulties, this seems a remote possibility.

July 13th. The Fount Richardsons call affording the opportunity for much conversation on Columbian emeralds, the desirability of Mexico City for residence, the efficacy of collection methods, and the propagation of perch.

July 16th. With the rather hectic politics we have reached one conclusion—if there is a candidate without a sound truck, we shall regard him most favorably.

July 20th. Let's see: Was it last November when we were objecting to the amount of anti-freeze solution which our car required for those cold days?

AUXILIARY NEWS

Mrs. H. E. MURRY, Secretary

The Ladies Auxiliary to the Miller and Bowie Counties Medical Society met in the home of Mrs. J. T. Robinson with Mrs. J. T. Williams and Mrs. R. R. Robins as co-hostesses. After the business meeting, reports of the Texas State meeting were given by Mrs. S. A. Collom, Jr., and Mrs. L. H. Lanier. Mrs. William Hibbitts gave a report of the meeting of the A. M. A. in Kansas City. The new officers were installed: Mrs. Albert Mann, president; Mrs. N. B. Daniel, treasurer, and Mrs. W. L. Kitchens, secretary. The guest speaker, Mrs. J. L. Jenart, gave a most interesting review on the kings of England. An ice course was served at the close of the meeting.

DR. FRANCES SPINKA, Chairman.

On June 2nd the Washington County Auxiliary met at the Washington Hotel for dinner, with Mrs. A. F. Hoge and Mrs. H. H. Smith of Fort Smith as honor guests. On June 16th the Auxiliary met at the home of Mrs. W. A. Jones on Mount Sequoyah to work on supplies for the City Hospital. At this meeting the members planned a fish fry for their husbands and for the doctors and their wives from Washington, Benton and Crawford Counties, to take place on July 9th.

MRS. ALFORD HATHCOCK, Chairman.

Mrs. E. L. Manning was hostess to the Auxiliary of the Sevier County Medical Society June 21st, at the home of her son, Schley Manning. Dr. I. G. Jones was leader of the program on "City Health Problems." Mrs. C. C. Thompson, who was a vice-president of the State Dental Auxiliary, gave a report of the meeting of that organization. Mrs. J. C. Graves, delegate to the Arkansas Medical Auxiliary which met in Hot Springs, April 27, 28, 29, gave a report on that meeting. A delicious ice course was served by Mrs. Schley Manning to Mrs. A. J. Clingan, Mrs. C. C. Thompson, Dr. E. L. Manning, Mrs. R. C. Dickenson, Mrs. C. E. Kitchens and Mrs. J. C. Graves.

MRS. J. C. GRAVES, Chairman.

The Auxiliary to the Southeast Arkansas Medical Society met in the home of Mrs. H. T. Smith recently. A three-course dinner was served, after which Mrs. E. E. Barlow of Dermott, the out-going president, conducted a brief business session at which time officers were elected for the ensuing year. The new officers are Mrs. M. C. Crandall of Wilmott, president; Mrs. Marion Leverett of McGehee, vice-president; Mrs. H. T. Smith of McGehee, secretary-treasurer. A program was presented after a business session as follows: "What the Auxiliary Means to Me," Mrs. Charles Dixon of Gould; vocal solo, Mrs. Crandall. Mrs. A. M. Gibbs of Hamburg had charge of contests in which Mrs. Leverett received the prize. Those attending were Mrs. Gibbs of Hamburg, Mrs. S. M. Gates and Mrs. J. S. Wilson of Monticello, Mrs. Barlow and Mrs. Elwood Baker of Dermott, Mrs. Dixon of Gould, Mrs. Crandall of Wilmot, Mrs. Leverett and Mrs. Smith of McGehee. The next meeting will be held in July at Montrose.

MRS. E. E. BARLOW, Chairman.

BOOK REVIEWS

Clinical Heart Disease. By Samuel A. Levine, M. D., F. A. C. P., Assistant Professor of Medicine, Harvard Medical School; Senior Associate in Medicine, Peter Bent Brigham Hospital, Boston; Consultant Cardiologist, Newton Hospital; Physician, New England Baptist Hospital, Boston. Pp. 445. Price \$5.50. Philadelphia: W. B. Saunders Company, 1936.

This new book by an authoritative specialist does not pretend to be an exhaustive compilation of all the facts and phases of heart disease. It resembles more a series of lectures on the most important types of heart disease, each viewed from an etiological, anatomical and physiological point of view. A chapter each has been devoted to rheumatic, hypertensive and arteriosclerotic, thyroid, syphilitic, congenital and functional heart disease. Emphasis has been laid on points which are simple, applicable at the bedside, and of value to the patient. Several chapters are worthy of particular mention, that on "The Treatment of Congestive Heart Failure," that on "Prognosis in Heart Disease," also the author's discussion of "The Clinical Significance of the Systolic Murmur" and finally the evaluation of "The Patient with Heart Disease as a Surgical or Obstetrical Risk." The book concludes with a chapter on clinical electrocardiography with cardiograms illustrating the more common cardiac disturbances. This volume represents the opinions of one of the pioneers in the field of modern cardiology and is a valuable contribution to the literature on that subject.

Surgical Clinics of North America. Issued serially, one number every other month. Volume 16, Number 1. Chicago Number—February, 1936. 356 pages with 78 illustrations. Per Clinic year February, 1936, to December, 1936. Paper \$12.00; cloth \$16.00 net. Philadelphia and London: W. B. Saunders Company, 1936.

A feature of this issue is the complete and instructive symposium on cervical cancer, ably presented in its several aspects. The clinic by Arthur Dean Bevan on the present status of the problem of appendicitis intelligently outlines the approved methods of present-day treatment. An article of especial merit is the one of sprains by Jennings, containing material of value to all surgeons and physicians. To say that this volume maintains the usual high standard of this series is to sufficiently review this publication.

Manual of Radiological Technique. By L. R. Sante, M. D., Professor of Radiology, Saint Louis University School of Medicine, Radiologist to Saint Louis City Hospital and Saint Mary's Hospital. Second Edition. Pp. 206. Illustrated. Price, \$4.50. Ann Arbor, Michigan: Edwards Bros., Inc., 1935.

The second edition of this excellent manual is bound in cloth making it more suitable for laboratory use. The lithographing process is again used and recommends itself for more extensive employment in similar manuals. The important fact governing roentgenological procedures are logically developed, brevity and clarity being retained by the exclusion of the extraneous matter. The uniform 30-milliampere technic may not find ready acceptance in many laboratories but the exposition of standard positions and the discussion of the roentgenological consideration involved in all routine positions will meet with general approval.

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BOOK REVIEWS

The Successful Examiner. By Allen Seaton, M. D. Pp. 90. Price \$1.00. Indianapolis: Rough Notes Company, 1936.

Dr. Seaton has given from his experience as a life insurance medical director the data which will assist the examiner to provide a better service to the company which he represents. Especially important is the emphasis placed upon relations with agents, probably the most difficult problem of life insurance examining for the physician. The book concisely presents the information with which every life insurance company would like to have its examiners well acquainted.

Abortion: Spontaneous and Induced, Medical and Social Aspects. By Frederick J. Taussig, M. D., F. A. C. S., Professor of Clinical Obstetrics and Clinical Gynecology, Washington University School of Medicine, Saint Louis. Pp. 536, illustrated. Price \$7.50. Saint Louis: C. V. Mosby Company, 1936.

As the title indicates, this is a discussion of a growing evil from both the medical and the sociological viewpoints. The medical material is authoritative, complete in detail, and presents in a practical manner the importance of induced abortion. The indications and the technic for the procedure are comprehensively discussed. The medico-legal features of abortion with abstracts of state laws relating thereto is a noteworthy addition.



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DIPHTHERIA—OUR PROBLEM*

F. A. CORN, JR., M. D.

Lonoke

In beginning this paper I wish to make it understood that I am making no attempt to tell you any newer or better way of diagnosing or treating diphtheria than that which we are all using at present. This is merely my idea of a duty that we, the physicians of Arkansas, owe to ourselves and to our people. As you know every citizen of our state owes certain fundamental debts and duties to the state and we, as doctors, owe not only these debts and duties but we are also obligated to care for the illnesses of the other citizens and to prevent, in so far as possible, the development of diseases which are known to be preventable.

Diphtheria is one of these known preventable diseases and is, as you know, one of the most terrifying in that it manifests itself almost wholly in very young children. I do not think there is any more pitiful picture than the one we find when we are called to see some poor little one or two-year-old baby with diphtheria. The effort required to fill its lungs with air and its terribly sick appearance are enough to hurt the heart of even the most calloused person.

Figures from the Bureau of Vital Statistics show that in 1934 there were 113 deaths from diphtheria reported in Arkansas. Of this number 87 were under the age of five, 19 between five and nine, and nine were over nine years. In 1935 through September there were 61 deaths in Arkansas caused by this disease, 59 of these were under six years. Using the estimated scale of 15 cases for each death from this disease we had in Arkansas in 1934 approximately 1,695 cases of diphtheria and to October in 1935 we had approximately 915 cases. Yet there were only 452 cases of the disease reported to the State Board of Health in 1934. Figures for 1935 are not available. The averages have run

in this manner since 1925. In 1927 the various county health units began immunizing against diphtheria but as yet this work has shown no appreciable change in the morbidity or mortality rates. This, however, is not to be taken as a measure of the value of the county health unit program nor is it to be used as a point of criticism. It so happens that most of the immunization work of the various county health units is done in the grammar schools and by the time the children are reached by these organizations they have, as shown by the above mentioned statistics, almost passed the diphtheria age. However, immunization of these children does prevent diphtheria in children of 10 to 12 years.

It seems that the county health units, in their attempts to eradicate this disease, have been unable to reach these infants and pre-school children, probably because the parents, generally, are afraid their babies will be hurt. It is my belief that there is but one group of health workers to reach these children, the family doctors. We are in almost constant contact with the various families for whom we are medical advisers. They depend upon us for medical information and care and it is to us they look for protection from these diseases.

For these reasons and because we, as a whole, have not done our full duty to these little fellows I am offering a suggestion to the Arkansas Medical Society. Let the Society endorse a program for immunization of these babies and pre-school children. This could be a great accomplishment for the state of Arkansas and for our individual patients if we, or the majority of us, take an active interest in it. We could set aside a certain hour each week to be known as the Public Health Hour at which time we would immunize these children against diphtheria. The less fortunate ones would be given the immunization free and the ones who are able to pay would be charged a nominal fee set by each county society. We could use the local papers as a medium of publicity and could have cards in our offices stating that certain hours are set

* Read before the sixty-first annual session of the Arkansas Medical Society, Hot Springs National Park, April 27, 1936.

apart each week for this purpose and none other will be so used except at the regular fee. Relative to the furnishing of the immunizing agents I am sure a plan could be worked out with the State Health Department whereby the toxoid could be furnished free for the individuals who are unable to pay and at a nominal charge for the others.

As I see it, if such a plan is brought forward and endorsed by the state Society, we will be doing a great good for the citizens and future citizens of our state and we will be taking a long step towards ending encroachment into our field of endeavor by the various lay organizations now grasping and clamoring for a foot-hold in medicine in Arkansas.

RESOLUTION

WHEREAS, At the annual meeting of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association held at St. Louis, Mo., February 25, 1936, a presentation was made by Major Joel I. Connolly, of the Chicago Board of Health, relating to possible health hazards in apparently modern plumbing installations in public buildings, and

WHEREAS, It was manifest in the said presentation that plumbing fixtures which have been generally regarded as safe and sanitary in design may in fact constitute a real and serious health hazard by reason of the danger of back siphonage and contamination of water supply mains, and

WHEREAS, The probability exists that such apparently modern, safe and sanitary plumbing installations may exist in numerous school buildings in the United States, and

WHEREAS, The existence of such apparently safe, modern and sanitary plumbing installations and reliance upon them brings about a sense of false security, therefore, be it

RESOLVED, By the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association that this Committee apprehends the possibility of danger to the health of school children from apparently safe, modern and sanitary plumbing installations in school buildings, and be it further

RESOLVED, That the said Joint Committee earnestly recommends to all school boards and school executives that surveys be instituted by competent engineers to ascertain whether or not the danger of back siphonage and consequent pollution of water supply mains exist in plumbing installations within their jurisdictions, and that such surveys be followed by prompt corrective measures, and be it further

RESOLVED, That these resolutions be offered for publication to all journals dealing with public health, health education and general education.

CARE OF THE NORMAL NEWBORN†

BY ROBERT A. STRONG, M. D.*

New Orleans

The diseases of infancy and childhood have interested physicians as far back as we can trace medical history, but pediatrics as a specialty did not become established as a separate branch of medicine until the early part of the present century. Even then many years elapsed before the age period over which the pediatrician would have supervision, was definitely decided. It will be recalled that the care of women and children constituted a branch of medicine which preceded both obstetrics and pediatrics, and when the time arrived for these two specialties to become independent of each other, the care of the newborn baby was retained for a considerable length of time by the obstetrician. The specialty of obstetrics grew so rapidly, however, that it was soon apparent that the baby was being neglected, and too often the pediatrician was called upon to care for it after conditions developed which we have since found could be prevented. No one had accepted the responsibility of learning anything about the injuries and the diseases of the newborn human. This precipitated no small amount of discussion at medical societies, which, as some of us recall, became rather heated at times. After a number of years, however, an understanding emerged from this conflict of words, and the conclusion was reached that the best policy was for the obstetrician to care for the mother and the pediatrician should care for the baby. As a result, pediatricians were afforded an opportunity to find out more about the newborn than anyone had ever known before.

As our knowledge of conditions affecting the newborn progresses, there is a rapidly growing belief that the infant is subject to more dangers of severe trauma incidental to being born than any other which it is expected to meet in the first year of life. It has been written that few adults could survive them. In the past, some of the less severe injuries which the newborn receives have been very lightly discussed as being physiologic. I think, however, that an adult with a caput succedaneum, a cephalematoma, or a large "shiner" under the right eye, would be exasperated justifiably if they were referred to as physiologic. The subject, however, which

† Read before Arkansas State Pediatric Society, Hot Springs National Park, April 27, 1936.

* From the Department of Pediatrics, School of Medicine, Tulane University of Louisiana, New Orleans, Louisiana.

we will discuss this morning will be the Care of the Normal Newborn. Dr. Abt, whom most of us now regard as the Dean of Pediatrics, has defined the normally born infant as "one who is safely delivered and in whom no trauma has occurred, the infant being mature and of normal stature and size."

The care of the newborn in reality begins before the pediatrician is called into the case, and naturally falls under the direction of the obstetrician. For instance, we must continue to rely on the obstetrician to bring the baby into the world safely. Our supervision begins when the cord is cut and tied off. Prior to this, the obstetrician can practice preventive measures against asphyxia and subsequent respiratory diseases by taking the simple precaution of removing from the oral cavity any material which may be aspirated in the course of delivery. The rubber gloved finger of the obstetrician can well serve to accomplish this and the cleansing of the infant's mouth may be repeated when the head is delivered. Should the mucus persist in the infant's mouth, the removal with the rubber gloved finger should be resumed, or if this is not sufficient, an aspirating tracheal catheter should be employed. The amniotic fluid and mucus are thereby prevented from being aspirated into the respiratory tract with the first breaths. By attention to these minor details, many cases of asphyxia, atelectasis, as well as pneumonia may be prevented. Aspiration pneumonias, while not frequent during early infancy, do occur. When those so affected come to autopsy, lanugo hair, meconium, as well as amniotic fluid are found in the bronchi. In addition to the foregoing, we should have a thorough understanding with the obstetrician that, as far as possible, the cord should not be cut until pulsation has ceased. Only in this way can the baby receive its full quota of blood from the mother.

The Physical Examination—Obviously one of the first obligations of the pediatrician is to make a complete and thorough examination of the newborn infant. The normal newborn infant should weigh approximately seven pounds, and it should be remembered that any baby weighing less than five and a half pounds or measuring less than seventeen and a half inches should be regarded as premature. The flesh should be plump and firm with a reasonable amount of subcutaneous fat. The skin after removal of the vernix caseosa should be pink or reddish in color, thin, and smooth.

Any undue amount of lanugo or fine hairs over the body surface should lead to the suspicion of prematurity, although some perfectly developed, full-term babies may show a persistence of this fine hair. The head should be examined carefully and, as a rule, it will be found to be proportionately large and often rather thickly covered with long hair, which is by no means regarded as evidence of congenital syphilis, as it formerly was. A moderate caput succedaneum is frequently present and should usually cause us no concern. A cephalematoma may be considered as an indication that the baby encountered some difficulty in the birth canal, but rarely do we have to aspirate the blood which it contains. It invites our attention to the fact that we should be watchful for any evidence of intracranial injury, because any force strong enough to cause a cephalematoma, can likewise stretch the flax cerebri, the tentorium cerebelli, and consequently rupture one or another of the veins which these great dividing membranes contain. The eyes of the newborn are of a rather indefinite blue color, except in the dark-skinned races, when they are black, and they are usually kept shut or half open. The face is expressionless, but close observation should be made to elicit evidence of paralysis of the facial muscles due to injury to the tri-facial nerve. Particularly is this so if forceps have been used. The fontanelles are usually open and the sutures can be palpated. Unusually wide sutures and fontanelles may indicate prematurity and sometimes congenital syphilis. They should be even with the adjacent bones and neither depressed nor bulging. Careful examination should be made of the mouth to determine if there are any congenital deformities. The neck should be examined for rigidity or any tearing of the sternocleidomastoid muscle, which is not infrequent in the delivery of the after-coming head in breech presentations.

An examination of the heart and the chest should be made to discover any marked congenital heart disease, and for the purpose of ascertaining if there has been a full and complete expansion of the lungs. As a rule the chest is small and narrow and the abdomen is large and prominent. The arms are short and most of the time are flexed and pressed to the body in the uterine position. The hands are generally closed, but will grasp any object placed in them. The nails should be well developed and should project beyond the finger tips. The legs are comparatively short and are

curved with an outward bow. This curve is only apparent and an X-ray of the bones usually shows them to be straight. All abnormalities elsewhere should, of course, be noted.

Reflexes should be tested and especially Moro's "embrace reflex." This is done by placing the infant on a table. When the table is struck forcibly on either side of the child, the arms will suddenly be thrown out in an attitude of embrace, from an arc, and approach each other with a slight trembling of the hands. When this occurs we can be reasonably certain that there is no impairment of the nerve supply to either side, which would be the case if there was any marked degree of intracranial hemorrhage or tearing of the brachial plexus.

These are some of the more important things to be noted in a physical examination of a newborn, which should be made as soon after birth as possible. In our organization for the care of the newborn babies which are referred to us from our Department of Obstetrics immediately after birth, we send a member of our senior section to visit the baby in the home within twenty-four hours. He is supplied with a mimeographed form which includes all of the conditions which he is expected to note as a result of his physical examination. We have found this to be very helpful both for the purpose of impressing the students with the information to be gained from such an examination, and in our subsequent care of the newborns in a special clinic which we organized several years ago at the Hutchinson Memorial Clinic.

Maintenance of Normal Temperature—One of the very first necessities in the care of the newborn infant is the maintenance of normal body temperature. Particularly does this form one of the basic requirements in the care of the premature, but it is equally important in the normal infant. The infant should, therefore, be wrapped in a blanket immediately, and when the cord has ceased to pulsate, it may then be cut. The baby may then be placed in a specially warmed bassinet, basket, or crib surrounded by hot water bottles if necessary. The importance of taking precautions not to burn the infant cannot be too strongly emphasized, because such accidents unfortunately are not uncommon. It should always be remembered that in early life, the heat regulating mechanism is undeveloped and unstable, and that an overheated bed may cause a rise in temperature much above normal and may prove to be as harmful as chilling.

Care of the Eyes—While the custom of put-

ting a drop or two of a one or two per cent solution of silver nitrate in each eye of the infant immediately after birth is generally used, the pediatrician or the physician who assumes the responsibility of the care of the child after birth should satisfy himself that this has been done. Too often the care of the eyes has been left to an attendant and the importance of washing out the nitrate of silver solution from the eye after about ten minutes with a boric acid or weak sodium chloride solution is not fully appreciated. Far too frequently do we see non-specific purulent discharges from the eye, which may cause us apprehension until an examination of a smear convinces us that they are not Neisserian in origin. This in a large measure is due to irritation from silver nitrate, which has not been thus removed.

Care of the Skin—After being satisfied that the eyes have been protected, the care of the baby's skin is next in order. It should always be remembered that the skin of the newborn baby is very vulnerable and susceptible to infection. Consequently, every precaution should be taken to prevent any local injuries or irritation. The infant's body is more satisfactorily cleansed after birth with sterile absorbent cotton dipped in olive oil, warmed to body temperature, the excess of which is removed with a very soft knitted towel or old diaper cloth. The coarsely knitted Turkish towel is, as a rule, not desirable in very young babies, but may be used when the infant is older. Antiseptic oils especially prepared for this purpose are now available. Olive oil, however, may be sterilized by boiling it. The cord should be dressed with sterile gauze pads which have been dipped in alcohol or the cord may be dusted with sterile talcum powder and covered with a pad of dry sterile gauze. The oil baths are kept up for a week or so after the cord drops off, when the umbilical wound has completely healed. After this the soap and water bath may be employed. This may take place before an open fire, an electric heater of the reflector type, or an ordinary steam or hot water radiator. In any event, the room in which the bath is given should be well ventilated and uniformly heated to a temperature between 80° and 85° F. The bath water should be about 98° F. and may be tested with a bath thermometer, which is inexpensive and easily obtainable. Unless the room is satisfactorily heated, it is desirable that the baby be partially disrobed and bathed in spots rather than all over the body at one time. For example, one arm may be bathed and quick-

ly dried without rubbing, and then one leg, and the entire body covered in this manner. The bath should be short and the infant's skin should be dried quickly. While it is desirable to use a neutral soap in which all of the alkali has been combined, the problem of soaps is not nearly as great at the present time as it was formerly. The time-honored olive oil soap is still desirable, but there are many good soaps on the market which do not irritate the baby's skin. The skin may then be powdered, but it is frequently desirable, especially in fat babies, to anoint the folds and crevices of the body with a small amount of olive oil or lanolin. In some sections where the water is strongly alkaline, the addition of sodium chloride to the bath will be helpful. About two or three heaping tablespoonsful of salt may be added to the gallon of water. By the sixth month the temperature of the bath for healthy, robust babies may be lowered to 95° F., and by the end of the first year to 90° F. In the same type of baby, of six months or over, a quick sponging at the close of the tepid bath with water of 65° to 70° F. may be used. This should be used with some discrimination, however. If talcum powders are used, only those contained in cans with the spring top should be used. Aspiration of these powders into the lungs at one time was a frequent occurrence until the Section on Pediatrics of the American Medical Association insisted that these powders be placed in containers with spring self-closing caps. The aspiration of stearate of zinc, which at one time was very popular as a dusting powder, was responsible for the death of nearly 200 babies from asphyxia due to the aspiration of this finely palpable powder. For this reason, many pediatricians condemn the use of this powder, even if it is in a self-closing container. It has no advantages over the ordinary talcum.

The eyes, nose, and the mouth of the very young infant ordinarily do not require any attention. The ears and nose may be cleaned each day if necessary, with small cotton swabs which have been dipped into olive oil or mineral oil. The cleansing of the baby's mouth with "clean linen," so persistently advocated formerly, is not only unnecessary, but is responsible to a large extent for fungus infections of the baby's mouth. If this should occur, the mouth of the baby should be painted with a one per cent solution of gentian violet. When the teeth are erupted, massage of the gums with a small toothbrush with soft bristles and a bland dentifrice free from grit may advantage-

ously be commenced. It massages the gums and the infant derives a certain amount of satisfaction from it, especially if another tooth is just beginning to pierce the gum.

Initial Loss of Weight—It has been noticed, almost since pediatrics became a special branch of medicine, that infants have a loss of weight immediately after birth, for a period of from five to ten days, which amounts to an average of about eight ounces. This has been ascribed to several causes, and until a few years ago, been taken as a matter of course. It has been spoken of as a physiologic loss of weight. The human maternal breasts lactate slightly if at all immediately after a birth, so that the newborn infant is not provided with a food supply at birth, as is the case in many of the lower animals. From two to five days usually elapse before the mother's milk supply appears. Consequently, this post-natal loss of weight is believed to be due to a period of semi-starvation, dehydration, passage of urine and meconium, and by evaporation of fluid from the body surface, and the expired air. Attempts have been made to estimate the proportion in which each one of these factors is responsible, but the parts they play are still a matter of conjecture.

In recent years, pediatricians have been disinclined to accept this initial loss of weight as a normal physiologic process, and it has been pointed out that the percentage of loss varies between six and nine per cent of the total body weight.

Prelacteal Feeding—In recent years attention has been focused on ways and means by which this initial loss could be eliminated or at least minimized, and the studies of Eder and Bakewell¹ and of Kugelmass² have been conspicuous in this connection. One of the first things which was thought of, quite naturally, was to supply breast milk from foster mothers until the infant's own mother's breast were fully functioning. Eder and Bakewell cited a failure of several attempts to lower the loss of birth weight by placing infants to the breasts of mothers whose babies had been born several days previously. It was believed that such milk would still carry colostrum, and would be ideal for the purpose, yet Eder and Bakewell found that in most of the cases studied, the loss of weight, instead of being corrected, was aggravated. This was confirmed also by Schorer and Laffoon³, who just reported a clinical investigation of seven prelacteal feeding procedures in 962 consecutive newborn infants.

Many solutions have been suggested from time to time for prelacteal feeding, in addition to plain water; simple sugar solutions, sometimes of dextrose, but also of lactose, are the most common. Then Kuglemass and his associates followed Eder's idea of combining a hydrating salt with sugar, and went further by adding a protein in the form of gelatin. His solution consists of 6 per cent gelatin, 3 per cent dextrose, and 0.5 per cent sodium chloride. With this solution he reports success in greatly diminishing the loss of birth weight. In addition to the foregoing, Schorer and Laffoon included expressed breast milk, half skimmed milk, water and dextri-maltose, beta lactose and sodium citrate in their comparative study which they have just reported. In a group of 235 infants fed on the Kugelmass solution, they were unable to confirm the results he had previously reported. In the cow's milk group, there was no effect on the initial loss of weight. It was less well tolerated and apparently had an effect on subsequent successful breast feeding. Plain water or simple sugar solutions were effective, but less so than a solution of beta lactose with sodium citrate. They considered that the best results were obtained in the beta lactose, sodium citrate group, which consisted of beta lactose 2 ounces, sodium citrate 1 dram, and boiled water 33 ounces. This they offered to the babies in amounts of 2 ounces six times daily.

It has become almost axiomatic that regardless of the exact physiologic way that lactation begins, its continuance depends on the stimulation by suckling. It can readily be seen that it is quite necessary for the baby to be placed to the breast early, although it has recently been suggested that the baby should not be put to the breast until after the first 24 hours at least. We rely, therefore, on the stimulation which the baby furnishes in its attempt to draw milk from the breast, and when the efforts at prelacteal feeding are too energetic, the newborn infant may be so overfed that it is not hungry enough to remove milk from the mother's breast. This has been one of the disadvantages of using feedings intended to minimize the initial loss of weight, and Schorer and Laffoon found that in their group on Kugelmass' gelatin, the dextrose-salt combination, most of them required artificial feeding very early. This has also been the observation when cow's milk formulas have been fed prior to the appearance of breast milk.

It would seem then that after all that any prelacteal feeding which we might choose to

use, had better consist of nothing other than simple assimilable sugar solutions. Of these I think that a mixture of dextri-maltose, 3 level tablespoonsful in 16 ounces of boiled water, will serve our purpose very well. Under no circumstances should preliminary feedings be continued too long, and if we are satisfied that we are furnishing enough fluids to maintain a proper water balance, that is the most that we should try to achieve.

Breast Feeding—One of the greatest opportunities which has been afforded since pediatricians have assumed supervision of newborns, has been that mothers are instructed in the technic of breast feeding before the breast milk has been lost completely because of irregularities in its use. Notwithstanding the fact that we are able to feed artificially better than we were formerly, it still remains the plain duty of every physician to see that the newborn has the benefit of breast milk for at least the first few months of life. In most instances this is entirely possible if breast feeding is started correctly. Most mothers can successfully nurse their babies if they are taught how to do it. Too often failure to appreciate the importance of caring for the lactating breasts is responsible for failure in breast feeding. It should be borne in mind that relief of discomfort and avoidance of pain are desirable, to whatever extent they are possible. This should be done not only for purely physical reasons, but for psychologic reasons as well. Adequate support for the lactating breast should be provided either by strapping or properly fitting brasieres.

There is a growing tendency against placing the baby to the breast during the first 24 hours. The baby gets little if anything from the breast during this time, and it is doubtful whether it contributes anything itself toward simulating lactation. It seems to be the practice today to put the baby to the breast every six hours after the first 24 hours, and maintain such a schedule until the milk comes in, which is usually about the fourth day. More frequent nursings at this time may irritate the nipples and produce fissures or even mastitis.

Whether we use prelacteal feedings, as discussed under the previous heading, may be decided in the individual case. In any event, the child is never permitted to become too dehydrated. If it does, there may be a sharp rise of temperature due to inanition. The fever is due to a disturbance of the heat regulating

mechanism, as a result of an insufficient amount of water in the body. It often subsides amazingly when a sufficient amount of fluid in the form of one of the solutions recommended for prelacteal feeding is used.

When the milk flow is established, a regular nursing schedule should be adopted. Many infants can be trained from the beginning to a four-hour schedule, with feedings at 6 and 10 a. m., and 2, 6, and 10 p. m. If, however, the infant continues to awaken regularly much in advance of the scheduled time and cries lustily, it is best to adopt a three-hour schedule, as follows: 6 and 9 a. m.; 12 noon; 3, 6 and 9 p. m.; and 2 a. m. Later the four-hour schedule can be established by gradually increasing the interval between feedings.

The child will get three-fourths of his feeding in the first few minutes when the milk, with its low fat content, will run easily. He will tend to get this fluid quickly and will swallow a certain amount of air, especially if he has been crying lustily just beforehand. It is, therefore, a good plan about halfway through the feeding, to hold him in a vertical position and to pat his back until he gets rid of the accumulated air by eructation.

Formerly it was believed that the success of breast feeding depended largely on the diet of the mother. At the present time it is believed, however, that she need eat only a little more of an ordinary diet than she would otherwise. It is probable that if she eats highly seasoned foods or an undue amount of onions, wild or otherwise, that the milk will be as unpalatable as it will be from cows pasturing in a field of wild onions in the spring.

A short time ago the question was raised as to whether or not cigarette smoking had any effect on the milk of nursing mothers. Some contended that it did and others contended that it did not. The first group used the argument that it did, because their chief object was to condemn cigarette smoking. The other group merely opposed the first group. Neither one of them knew anything about it. Several studies were made to determine if nicotine could be recovered in breast milk following excessive smoking, and it never was found in any amounts sufficient to be regarded as harmful to the infants. Therefore, if a nursing mother enjoys an occasional cigarette, there doesn't seem to be any very good reason why she should be deprived of it, because perhaps the greatest danger that

the nursing baby would run, would be to have cigarette ashes dropped in its eyes.

The Vitamins—The administration of substances for the purpose of supplying at least the vitamins A, C and D, should begin before the end of the first month. At no time has there been a greater number of desirable sources of the various vitamins than at present. In fact, there are so many available that a certain amount of confusion arises in the mind of the practitioner.

Three teaspoonsful of cod liver oil administered to an infant in 24 hours is still regarded as being sufficient adequately to protect an infant against rickets. The chief objection of it, however, is its bulk, and some mothers object to its odor. This furnished the chief reason for the development of sources of vitamin D which would be more concentrated, palatable, and less odorous. The first concentrated substance was irradiated ergosterol, which supplied a most concentrated form of the D alone. Most clinicians, however, consider that the vitamin A possesses some antirachitic properties in addition to its chief function of protecting the infant from xerophthalmia, so a substance supplying both A and D vitamins was demanded. Cod liver oil, therefore, was fortified with Viosterol. Then the oil from the liver of the halibut was developed. When this halibut liver oil was fortified with Vioosterol, its potency in both the A and D was sufficient so that 8 to 10 drops daily would protect a normal infant against rickets, and 15 to 20 drops daily would protect prematures. Later, the oils from the livers of more than one hundred species were studied by Bills in the laboratories of the Mead Johnson Company, of Evansville, Indiana, and thousands of bioassays were made to determine their vitamin characteristics. The results were reported in scientific journals^{4,5} early last year. From this work it became evident that the fish belonging to the order known as **Percomorphi** differed from all others in possessing, almost without exception, amazing concentrations of vitamin A and D. Some of the oils were rich in the A factor, while others excelled in the D, so a skillful blending of the different oils resulted in a mixture which is about two hundred times richer than the U. S. P. minimum standard of cod liver oil, in both vitamins A and D. As the dosage of this concentration could not be conveniently measured, it was diluted with cod liver oil so that the resultant product, known as **Oleum Percomorphum**, is one hundred times greater than cod liver oil of the minimum

standard in both vitamin A and D. Eight to ten drops daily of this oil is sufficient to protect the average normal newborn against rickets.

The custom of starting orange juice in about two teaspoonful doses at about the end of the first month, still prevails. Tomato juice may be given, but it is about one-half as potent in vitamin C as orange juice. Recently cevitamic acid, a vitamin C concentrate, has been made available in tablet form, but the use of orange juice will probably continue as we are afforded an opportunity of getting in water, which is important to the growing infant.

Mothers should receive common sense instructions concerning wearing apparel of infants, exercise, and training to habits of regularity. The practicing physician should always be in possession of information concerning these details, and should be ready and willing and anxious to answer the questions propounded by the mother. It is his obligation in the care of the infant, and those who have practiced medicine for any length of time will bear witness to the fact that the success or failure of the young physician frequently depends upon his ability adequately to care for the infant during his first year of life. At no other time has he a greater opportunity firmly to establish himself in the confidence of a family.

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COMING MEDICAL MEETINGS.

Southern Tuberculosis Conference, Hot Springs National Park, October 1-3rd.

Kansas City Southwest Clinical Society, Kansas City, October 5-8th.

Inter-state Postgraduate Medical Association of North America, Saint Paul, October 12-16th.

Oklahoma City Clinical Society, Oklahoma City, October 26-29th.

Southern Medical Association, Baltimore, November 17-20th.

AN OPPORTUNITY FOR TUBERCULOSIS STUDY

J. D. RILEY, M. D.
State Sanatorium.

The meeting of the Southern Tuberculosis Conference and the Southern Sanatorium Association at the Arlington Hotel, Hot Springs National Park, October 1-3, offers a rare opportunity for Arkansas medical men to inform themselves on the best scientific thought and programs in the conquest of tuberculosis. It is the first time that any gathering of authorities in the field of tuberculosis has assembled in this state from so large an area. While the program is not far enough along for definite announcements to be made it is certain that leading Southern authorities on tuberculosis and visitors from other sections will be among the attractions.

Dr. Thomas J. Parran of the United States Public Health Service has announced as the first objective of his administration the wiping out of tuberculosis. An invitation has been extended to him to be present at this meeting. Dr. Esmond Long, president of the National Tuberculosis Association, widely known for his research and perfection of the new stable tuberculin, P.P.D., is another notable on the tentative program. Dr. E. L. Bishop of the Tennessee Valley Authority will discuss the "History of Tuberculosis Control in the South and the Probable Trend of the Program of Tomorrow." Among other subjects will be:

"Sources of Infection and Methods of Control."

"Intra-Pleural Pressure in Relation to the Formation of Effusions in Artificial Pneumothorax."

"Diagnosis and Treatment of Tuberculosis in the Negro," and

"Case Finding."

The final session on Saturday morning, October 3, will be devoted to an X-ray clinic and a number of specialists will present selected films for discussion.

The president of the Arkansas Medical Society has issued an invitation to all county medical societies to have representatives present, and it is my hope that the medical profession of Arkansas will avail itself to the utmost of the opportunity this meeting affords.

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EDITORIAL

LET US HONOR THEM.

Many physicians in Arkansas have passed the
half-century mark in the service of their profes-
sion. Recently we made a casual survey of the
new Directory of the American Medical Associa-
tion and were surprised with the number of phy-
sicians who have been in practice since 1886.
These are men who have valiantly fought the
battle, fulfilling in the highest degree the ideals
of the physician. In the course of but a few
years they will complete their allotted span with
us and will be called to their reward. In some
cases, even now, they have been more or less
forgotten by their colleagues, busy with the de-
tails of personal interests. The world is passing
them by, ever too ready to forget that but a
short time back, it gave freely to them of its
acknowledgment for a good work, well done.
That these men should be relegated to the ranks
of forgotten men, especially by their brother
members of the profession, is far from proper
and right. They have learned much from the
bitter teachings of experience which is of value
to younger men following in their steps. Every
occasion should be made that the profit in their
experiences shall be passed on to other medical
men. Their friendship should be cultivated; their
lot, a most difficult one today, must be made
easier; a fuller appreciation should be accorded
their labors. Recognition in a manner thrilling
to all can be publicly given these grand old men
by testimonial dinners in the various county so-
cieties. We hope a number of such dinners may
be held during the months that are ahead.

EDITORIAL COMMENT

The Journal is authorized to announce that the
Arkansas Tuberculosis Sanatorium has placed a
room in the apartment building at the disposal
of physicians who wish to visit the Sanatorium
in the furtherance of their study of tuberculosis.
Room and board will be furnished these physi-
cians for the short period that they would want
to visit the institution. Arkansas physicians de-
siring to avail themselves of this opportunity
should make inquiry of Dr. J. D. Riley, Superin-
tendent, State Sanatorium, Arkansas. This is a
most commendable offer and it is to be hoped
that our members will take advantage of the
generosity of the sanatorium to better them-
selves in the diagnosis and treatment of tuber-
culosis.

YOUR JOURNAL.

As the official publication of the Arkansas Medical Society, The Journal carries announcements of vital interest to the membership. Its news value is two-fold; current news and items for reference. Among those items to which frequent reference may be made are the membership roster, the listing of county society officers and the various committee assignments. The state secretary's office replies to many letters during the year requesting information published at a recent date in the columns of The Journal. The Journal tells you what your colleagues are doing, informs you of the activities of the organized medical profession in Arkansas and presents monthly scientific articles written by your colleagues. Your copy of The Journal is personal to you. May we ask that you read it for its value now and preserve it for future use?

The American Board of Internal Medicine, sponsored by The American College of Physicians and the Section on Practice of Medicine of the American Medical Association, has been organized and approved. The purpose of the Board will be the certification of specialists in the field of internal medicine, and the establishment of qualifications with the required examination procedure for such certification. It is the plan of the Board to certify physicians in the general field of internal medicine at this time but ultimately certification will be provided in the more restricted and specialized branches of internal medicine, as gastroenterology, allergic diseases, et cetera. The first written examination will be held in December, 1936, and candidates successful in this written test will be eligible for the first clinical examination to be held near the time for the annual session of the American College of Physicians at Saint Louis in April, 1937. Application blanks and further information can be obtained from the chairman, Dr. Walter L. Biering, 406 Sixth Avenue, Des Moines, Iowa.

Major inflammatory or obstructive manifestations always constitute the indications for surgical treatment of gallbladder disease, as do also minor but definite chronic or recurring symptoms in spite of medical treatment.—Damon B. Pfeiffer, Penn. Med. J., 39:489, April, 1936.

PROCEEDINGS OF SOCIETIES

The annual picnic session of the Randolph-Lawrence County Medical Society was held at Rio Vista Park, Hardy, July 14th, with the following speakers present: H. K. Turley, Memphis; C. E. White, Muskogee, and J. H. Sanderlin, Little Rock.

The Benton County Medical Society was addressed at its August 13th meeting in Siloam Springs by L. L. Scott, Siloam Springs; Rex Williams, Siloam Springs, and A. J. Harrison, Springdale.

G. M. LOVE, Secretary.

The Tri-County Clinical Society met at Prescott July 30th with the following speakers: R. B. Robins, Camden; D. K. Kitchen, El Dorado, and P. M. Hardage, Arkadelphia.

Dr. G. W. Fletcher, Montrose, entertained the Southeast Arkansas Medical Society and Auxiliary at his home July 20th with a chicken dinner. Speakers on the program were: J. Q. Graves, Monroe; E. E. Barlow, Dermott; C. B. Finn, Monroe; Smith Simms, Bastrop, and William Owens, Bonita.

RANDOM THOUGHTS OF THE SECRETARY

July 24th. This day we speak to a luncheon club giving publicity to the views of organized medicine on sickness insurance and regimented medicine.

July 25th. Means gently chides some of our exuberance saying: "I could take it as well as you if I had as much to put out," this moving us on our way to more appreciated fields.

July 27th. Present for the mobilization of the 142nd Field Artillery at Fayetteville, noting the presence of those veterans, Stanley Gates and Sid Crawford, to reinforce the medical service of the regiment. Fount Richardson, making his first camp with the organization, will be convinced that Sherman's remarks on war were woefully inadequate, we opine.

July 28th. To Little Rock with Dorsey for a meeting of the Committee on Maternal Welfare, saluting S. A. Thompson as a Chairman who gets his committeemen out. Grayson, a temporary casualty from a typhoid clinic, present and enthusiastic, despite his reaction. The committee labors to provide refresher courses for the members, arriving at a satisfactory schedule, which we hope will be furnished as requested.

August 13th. Attired in khaki and accompanied by a battalion adjutant and a dental officer with much baggage we shove off for our annual postgraduate course in the therapy of C. C. pills and iodine, held this year on the shores of Matagorda Bay, which we trust lives up to its euphonic title.

PERSONALS AND NEWS ITEMS

"Treatment of the Irritable Colon" by Jerome S. Levy, Little Rock, appeared in the August Southern Medical Journal.

The following attended annual field encampments of the Arkansas National Guard: Major Howell Brewer, Capt. O. J. McLaughlin, Hot Springs National Park, Capt. H. K. Carrington, Magnolia, and Capt. H. C. Brooke, Conway, with the 153rd Infantry, Camp Pike, Arkansas; Capt. Stanley M. Gates, Monticello, Capt. S. R. Crawford, El Dorado and Lt. Fount Richardson, Fayetteville, with the 142nd Field Artillery at Fort Riley, Kansas; Major W. R. Brooksher, Fort Smith, Capt. J. T. Matthews, Heber Springs, and Lt. N. C. Hodge, Marianna, with the 206th Coast Artillery (A-a), Camp Hulen, Texas.

"The General Practitioner" by M. E. McCaskill, originally published in The Journal, was abstracted in the July issue of The Medical World.

Dr. and Mrs. R. M. Eubanks and Dr. and Mrs. Robert Caldwell, Little Rock, spent a two week's vacation in Mexico during August.

F. Walter Carruthers, Little Rock, is in Europe visiting clinics and attending the International Congress of Bone and Joint Surgeons.

Dr. and Mrs. B. James Reaves, Little Rock, spent an August vacation near Lake Charles, Louisiana.

The following articles appeared in the July Tri-State Medical Journal: "Trichomonas Vaginalis Vaginitis," Joe H. Sanderlin, Little Rock; "High Carbohydrate Diet in the Treatment of Diabetes Mellitus," B. L. Moore, El Dorado, and "Squint and Unfused Images," J. G. Mitchell, El Dorado.

L. T. Evans, Batesville, attended the Southern Pediatric Seminar at Saluda, North Carolina, in July.

W. R. Parsons, Little Rock, spent a vacation and attended clinics in the East during August.

A. B. Tate, formerly of Russellville, has been appointed health officer for Yell county.

Dr. and Mrs. R. B. Robins, Camden, visited Pacific coast and Northwestern cities in August.

W. G. Hodges, Malvern, and F. O. Mahony, El Dorado, have been elected president and vice-president, respectively, of the state board of health. M. E. McCaskill, Little Rock, has been appointed from the fifth district to complete the unexpired term of the late W. F. Smith.

B. L. Moore, El Dorado, attended the Lions International at Providence, Rhode Island, in July.

J. F. Brewer, Kerr, has been appointed a jury commissioner for Lonoke county.

C. T. Chamberlain, Fort Smith, took a six weeks' course in cardiology at Boston during July and August.

W. H. Mock, Prairie Grove, spent August on vacation in the West.

The American Congress of Physical Therapy will be addressed at its meeting in New York City September 8-11th by Val Parmley, Little Rock, "Compression Fractures: Care and Treatment After Reduction;" Euclid Smith, Hot Springs National Park, "Physical Therapy of Chronic Atrophic Rhinitis," and M. F. Lautmann, Hot Springs National Park, "Arthritis of the Spine: Its Relation to the So-called Rheumatoid Disorders."

BORN—To Dr. and Mrs. M. L. Dalton, Brinkley, a son, on August 4th.

Dr. and Mrs. Homer A. Higgins took a vacation trip to Montreal, Newfoundland and Nova Scotia during August.

F. A. Lee, Vandervoort, is recovering from injuries sustained in a fall at his residence.

N. C. McCown and J. S. Davidson have been elected 1st vice-commander and 2nd vice-commander, respectively, of the Forrest City American Legion Post. L. Gardner has been elected surgeon of the Russellville post.

Dr. and Mrs. C. S. Means, Fort Smith, visited Colorado and Yellowstone Park during August.

Cecil Riggall, Prairie Grove, spent July in study at the University of Washington and at various Pacific coast hospitals. While in Seattle he conducted a clinic at the King County Hospital on "Recent Advances in the Treatment of Prostatism."

John M. Smith, Russellville, has been assigned to the Health Center, Morrilton, for a three months' intensive course in public health work.

C. A. Rosenbaum, Little Rock, was honored at a dinner session of the McGehee Rotary Club July 24th.

R. C. Shanlever, Jonesboro, attended the Southern Pediatric Seminar at Saluda, N. C., in July.

MARRIED—F. P. Hardy, Searcy, and Miss Joan Baskin, R. N., of Vicksburg, Mississippi, at Kensett, August 8th. Congratulations!

OBITUARY

GEORGE COHN, Piggott, aged 59 years, died July 23rd from injuries sustained in the wrecking of an ambulance in which he was accompanying an injured patient to the Paragould hospital. Dr. Cohn was born in Germany and had resided in this country for 35 years, having practiced at Piggott for the past 18 years. He was a graduate of the National Medical University, Chicago, and of the College of Medicine and Surgery, Chicago. He is survived by his wife, a daughter and two sons, one a dentist at Osceola, and the other, a student in the University of Arkansas School of Medicine.

ANTIVENIN

Concurrent with the reports of more than 600 persons being bitten by the "Black Widow Spider" with a mortality record of 40, comes the announcement that E. R. Squibb & Sons are now supplying Antivenin (Anti-Black Widow Spider Serum). Widespread professional interest has been shown in methods of treating these bites, especially with the steady increase in the number of cases reported from southern, southwestern and western sections of the United States.

Antivenin is prepared by the hyperimmunization of sheep with repeated doses of venom from the black widow spider. The serum is standardized by determining its neutralizing effect when mixtures of it with venom are injected into young rats. Clinical reports upon this important product as well as information as to dosage and administration are contained in literature supplied by E. R. Squibb & Sons upon request.

Antivenin is available in ampuls of sufficient content to permit the withdrawal and administration of 10 cc. of the serum.

FALL CLINICAL CONFERENCE OF THE KANSAS CITY SOUTHWEST CLINICAL SOCIETY

The Kansas City Southwest Clinical Society calls your attention to their Fourteenth Annual Fall Clinical Conference which will be presented in the new Municipal Auditorium, Kansas City, Missouri, October fifth through eighth.

This full four-day conference will bring to you scientific addresses by guest speakers from various cities in the United States and by members of the society. The new features of this year's conference will include clinico-pathological conferences to be presented by the pathologists of Greater Kansas City and special clinics on the heart, chest, gastro-intestinal tract, orthopedics, cancer and obstetrics and gynecology. A period of one hour or more will be devoted to each of these clinics with patient demonstration.

A public health meeting will be held on Monday evening, October 5th, for the physicians and their friends. Speakers for this meeting will be Dr. J. Arthur Myers of Minneapolis, and Dr. Milton A. Bridges of New York City.

The scientific meeting of Tuesday evening, October 6th, will be presented in conjunction with the local county medical societies with addresses by Dr. George E. Bennett of Baltimore, Dr. Urban Maes of New Orleans and Dr. J. Arthur Myers.

Daily round table luncheons will be climaxed each day with addresses by two guest speakers. Wednesday evening will be devoted to entertainment with the closing event, the Alumni Dinners on Thursday evening.

The August issue of the Monthly Bulletin of the Kansas City Southwest Clinical Society will carry announcements of this intensive program. A copy will be mailed to you upon request.

The twenty-first International Assembly of the Interstate Post-graduate Medical Association of North America, under the presidency of Dr. David Riesman of Philadelphia, Pennsylvania, will be held in the public auditorium of St. Paul, Minnesota, October 12, 13, 14, 15 and 16, with pre-assembly clinics on Saturday, October 10, and post-assembly clinics Saturday, October 17, in the hospitals of St. Paul.

The aim of the program committee with Dr. George Crile, as chairman, is to provide for the medical profession of North America an intensive postgraduate course covering the various branches of medical science. The program has been carefully arranged to meet the demands of the general practitioner, as well as the specialist. Extreme care has been given in the selections of the contributors and the subjects of their contributions.

In co-operation with the Minnesota State Medical Association, the Ramsey County Medical Society will be host to the assembly and has arranged an excellent list of committees who will function throughout the assembly.

A most hearty invitation is extended to all members of the profession who are in good standing in their state or provincial societies to be present and enjoy the hospitality of the medical profession of St. Paul. A registration fee of \$5.00 will admit each member of the medical profession in good standing to all the scientific and clinical sessions.

Special railroad rates will be in effect.

For further information write Dr. W. B. Peck, Managing-Director, Freeport, Illinois.

WOMAN'S AUXILIARY PAGE

MRS. H. E. MURRY, Publicity Secretary, Texarkana.

Fayetteville: On July 9-12th, the physicians and wives of the Washington County Medical Society entertained the physicians and wives of Benton and Crawford counties, with a picnic at the Brumfield Fishery. Over 100 were present.

Dr. H. D. Wood, the oldest member of the Washington County Medical Society, opened the meeting. Guest speakers were Dr. Ford Wolf, of Temple, Texas, Dr. Charles Paddock of Memphis, Tenn., and Dr. H. E. Thomason of Kansas City, Mo.

MRS. A. H. HATHCOCK,
Chairman.

Piggott: On June 18th the Woman's Auxiliary of the Greene and Clay Counties Medical Societies had their annual spring district meeting at the home of Mrs. L. H. McDaniel.

Guests at this meeting were Mrs. D. R. Gregg, past-president of the Tennessee State Medical Auxiliaries, Mrs. H. L. Black, president-elect and Mrs. Moore of Memphis, Tenn.

Mrs. F. H. Jones, Hygiea Chairman, made a most interesting talk with suggestions that Hygiea be in every rural school of their respective counties through the P. T. A. and that the rural teachers put on at least one health program. The State Auxiliary goal "Check your health once a year," and the student loan fund was also stressed.

MRS. F. H. JONES,
First District Councillor.

Thornton: Dr. and Mrs. T. E. Rhine entertained the Ouachita County Medical Society here Thursday night. Thirty guests were present, including doctors and their wives from Camden, Fordyce, Stephens, Hampton, Sparkman, Little Rock, Bearden, Locust Bayou and Mount Holly.

Gurdon, Arkansas, August 5, 1936.

Dear Friends:

The hot sluggish days of summer are swiftly passing and as we enter the fall season let us do so with renewed energy for a great work in our Medical Auxiliary. I would like for each of you to think seriously of the responsibility that rests upon you as officers and members of the organization.

Let me remind you of our four objectives, but especially the third one: "To promote acquaintanceship among physicians' families that fellowship may increase!"

As wives of men in this great profession, let us be ever thoughtful of each other and bind ourselves together with bonds of love so strong that the evil of jealousy will ever be forgotten and happiness and joy abound.

During this year I would like for us to think of happiness as our keyword. Let us try to scatter sunshine and to bring back the joy of love to those less fortunate than ourselves. Real happiness comes in service to others and this service may be rendered when we are healthy and strong of body. So think of your health examinations and let us educate ourselves in our work that we may be able to assist our husbands in preventing diseases; reminding people to go to their doctor before he must come to them. May we think of the work as a great river carrying as it goes vast blessings to those who live on its course and helping those who partake of its waters of knowledge freely and regularly.

Best wishes to one and all.

Sincerely,

MRS. J. T. McLAIN.

PIONEERS

When sickness first comes to mankind
A "Balm in Gilead" there we find;
From the very first ages to now
Up through magic and mystery
Strong-hearted friends of mankind come
Through scientific inquiry
To form the Aesculapian Mind.

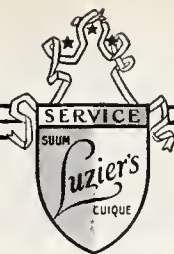
Of such as Pastuer men say still,
In spite of blunt-tools, limited skill—
They gave themselves—life's blood freely,
And only God-mind understands
What to the ages they have given—
Love's insight linked to willing hands—
What challenges they yet instill—

And the stout-hearted faithful wives
Companions of those rugged lives,
With the modern loyal wife
Blend character to pave the way—
Health way across the centuries;
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BOOK REVIEWS

Bewildered Patient. By Marian Staats Newcomer, M. D. Pp. 326. Price \$1.75. Published by Hale, Cushman and Flint, New York City.

Every physician who has tried to explain some complicated medical theory in simple words which the layman would understand, or has attempted to answer questions on medical subjects in simple language, will be glad to recommend this book. It gives a clear conception of many new developments in medicine as well as much sound advice to everyone and their families in their daily life.

The first part of the book takes up the germ theory of infection, and bodily resistance to disease. There is also a discussion of metabolism in its relationship to nutrition of the body. Different types of food are taken up and the energy requirements at different periods of life are pointed out.

The complicated subject of vitamins, which is so much before the public at this time is clearly explained and its relationship to bodily health is taken up, particularly its relationship to resistance against disease and in planning the family meals.

The second part of the book takes up the relationship of the physician to his patient, and tells what the patient can do to co-operate with the physician in order to obtain the best results. The necessity for a periodic health examination is pointed out, and also advice on how to keep physically fit, the use of proper foods and exercise.

The closing chapters take up the problem of how best to meet emergencies and the giving of first aid in accidents.

The book is intended primarily for the layman, but is one which the physician can recommend to his patients.

The Eye and Its Diseases: By 82 International Authorities. Edited by Conrad Berens, M. D., Ophthalmic Surgeon, Pathologist and Director of Research, New York Eye and Ear Infirmary; Special consulting Ophthalmologist, Women's Hospital; Consulting Ophthalmologist, Veterans Administration Facility, New York; Lecturer in Ophthalmology, New York Eye and Ear Infirmary; Member of American Board of Ophthalmology; Member of the Society of Surgeons of Paris; Lieutenant-Colonel, M. R. C., U. S. Army. 1254 pages with 436 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, \$12.00 net.

This book compiled by the editor from the writings of eighty-two international authorities gives the medical library a work that is unexcelled in practicability not only for the specialist in diseases of the eye, but for the general surgeon, the practitioner and the medical student, because of simple, practical, direct and comprehensive methods in the handling of the diagnosis and treatment of all ocular diseases from foreign bodies on to more difficult retinal detachments and operations on the cornea. The 436 illustrations, some of which are in color, are clear, distinct and helpful in the recognition of similar conditions in the patient. In no place is the reading matter bulky or excessive. The context is clear, orderly and understandable. It combines the experiences of eighty-two leaders in the field of ophthalmology,

who, in this book, have confined their writings to their own particular specialty. It is a most useful addition to the library of any physician or hospital.

Roentgenographic Technique. By Darmon A. Rhinehart, A. M., M. D., F. A. C. R., Professor of Roentgenology and Applied Anatomy, School of Medicine, University of Arkansas; Roentgenologist to Saint Vincent's Infirmary, Baptist State Hospital, Missouri Pacific Hospital and Arkansas Children's Hospital, Little Rock. Second edition. Pp. 430. 183 illustrations. Price \$5.50. Philadelphia: Lea and Febiger, 1936.

This deservedly popular text has been thoroughly revised, incorporating newer technics, adding one chapter and twenty-four new illustrations, but maintaining the former general plan. The original experiments of the author whereby a successful technic based upon the thickness and density of the body may be developed are retained but an alternate method, applicable to certain machines, is included. The technical discussion is particularly clear and all illustrations are well reproduced. The bibliography is most complete. The value of this book has been established in the wide distribution of the first edition. We give it our unqualified recommendation.

Tumors of Bone. By Charles F. Geschickter, M. D., and Murray M. Copeland, M. D., Surgical Pathological Laboratory, Department of Surgery, Johns Hopkins Hospital and University, Baltimore. Revised edition. Pp. 832. 525 illustrations. Price \$6.00. New York: The American Journal of Cancer, 1936.

A revised edition of this work will find ready welcome to every clinician, surgeon, pathologist and radiologist who is familiar with the original edition. A most complete and thorough work on bone tumors when first published, the inclusion of additional material accumulated within the past five years adds to its value. Three additional chapters have been included, dealing with tumors of the cranial bones, the jaws and tendon sheaths, joints and bursa. The general plan of the book makes for ready reference. A chapter is allowed for each type of neoplasm with subheadings to include every feature of that particular tumor. It is a most complete work and one that we regard as indispensable.

Pediatric Nursing. By John Zachorsky, A. B., M. D., Professor of Pediatrics and Director of the Department of Pediatrics, Saint Louis University School of Medicine. Assisted by Beryl E. Hamilton, R. N. 144 illustrations and 7 color plates. Pp. 568. Price \$3.00. Saint Louis: C. V. Mosby Company, 1936.

The procedures of pediatric nursing receive careful attention in this text, whether practiced in the home or in an institution. The handling of the child is discussed thoroughly, aided by suggestive illustrations. The science of pediatrics is well covered in part one, there being chapters on nutrition, feeding, symptoms, diagnostic procedures and the like. Part two deals with the technic and is based chiefly upon that applied in a general hospital. Certain opinions expressed cannot be said to carry the weight of endorsement from many pediatricians but do express the ideas of the author.

A Textbook of Surgery. By American Authors. Edited by Frederick Christopher, B. S., M. D., F. A. C. S., Associate Professor of Surgery at Northwestern University Medical School; Chief Surgeon, Evanston (Illinois) Hospital. 1608 pages with 1349 illustrations on 730 figures. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, \$10.00 net.

This text aims to give the student a concise presentation of the subject matter of the art of surgery, discarding all but accepted present day principles. The two hundred contributors have been well chosen and every phase of surgery is covered in detail. Non-operative measures are included where indicated. We cannot

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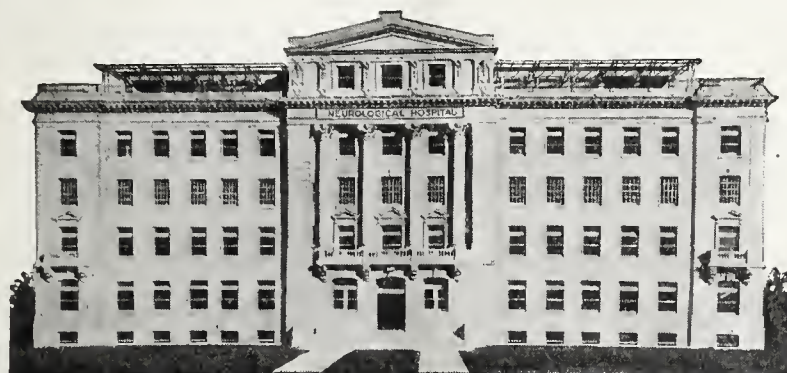
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agree with the statement made in the section on diagnostic roentgenology that "it has become good practice to administer intravenously * * (Thorotrast) for visualization of the liver and spleen." The volume will serve the student and practitioner well.

Allergy of the Nose and Paranasal Sinuses. By French K. Hensel, M. D., M. S., Assistant Professor of Clinical Otolaryngology, Washington University School of Medicine, Saint Louis. Pp. 820. 58 illustrations. 3 color plates. Price \$10.00. Saint Louis: C. V. Mosby Company, 1936.

This book is more than a rather complete monograph on allergy. It contains correlated information in the fields of allergy and otolaryngology without which neither specialist can hope to do a good grade of work. It will help the general man and the pediatrician in a proper understanding of some of the most common conditions he encounters; conditions he has heretofore little understood. Each chapter is a rather complete discussion of its title, which is self-explanatory, and is followed by a bibliography which exhausts the literature on the particular subject. Withall, the subject matter is logically arranged and the discussion is concise and very readable.



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Interstate Postgraduate Medical Association of North America
PUBLIC AUDITORIUM, ST. PAUL, MINN. OCTOBER 12-13-14-15-16, 1936

Pre-assembly Clinics, October 10; Post-assembly Clinics, October 17, St. Paul Hospitals

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The following is a major list of members of the profession who will take part on the program:
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Alfred W. Adson, Rochester, Minn.
W. Wayne Babcock, Philadelphia, Pa.
Donald C. Balfour, Rochester, Minn.
Claude S. Beck, Cleveland, Ohio.
Earl Bond, Philadelphia, Pa.
Hugh Cabot, Rochester, Minn.
Frederick A. Collier, Ann Arbor, Mich.
Robert A. Cooke, New York, N. Y.
George W. Crile, Cleveland, Ohio.
Bronson Crothers, Boston, Mass.
Elliott C. Cutler, Boston, Mass.
Irving S. Cutter, Chicago, Ill.
Walter E. Dandy, Baltimore, Md.
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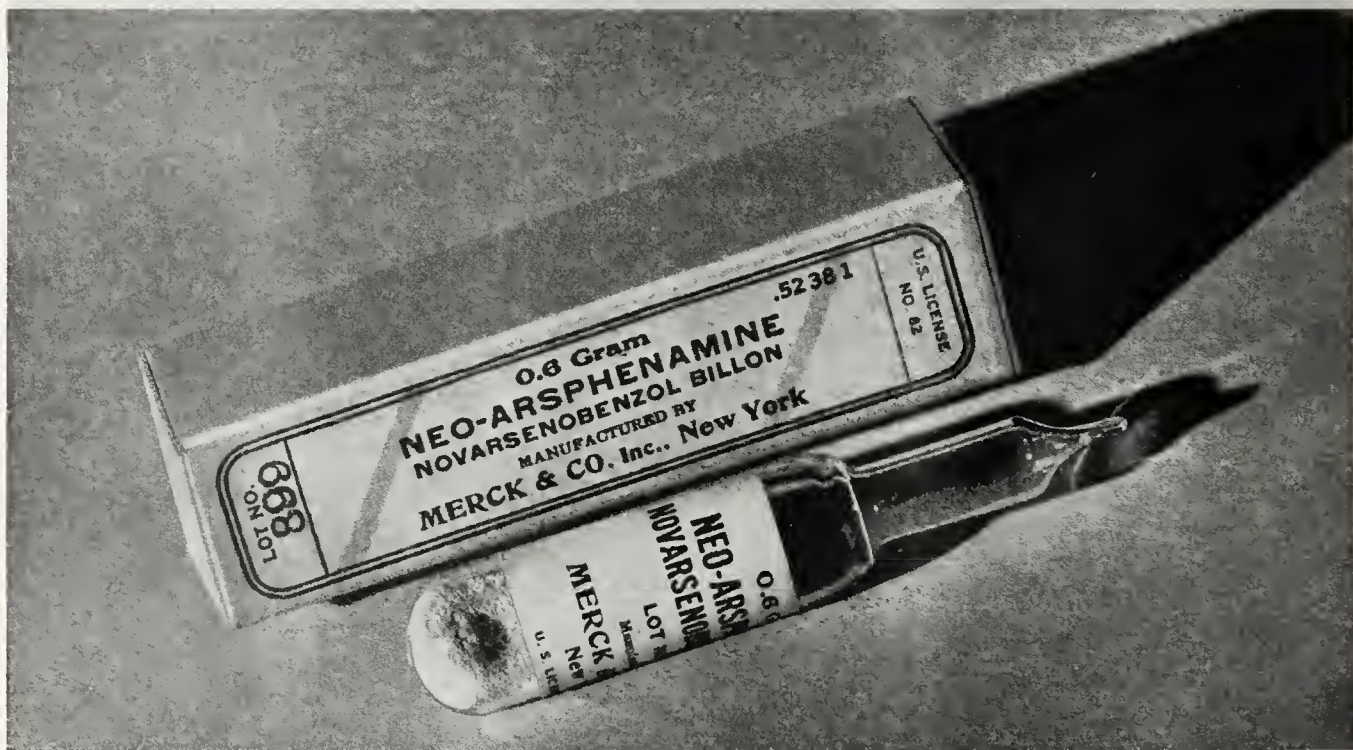
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EMERGENCY TREATMENT OF FRACTURES*

JOE F. SHUFFIELD, M. D., F. A. C. S.,
Little Rock.

I have taken as my subject "Emergency Treatment of Fractures." I do not propose to give a complete discussion of the subject, but do wish to call to your attention a few of the common things that should come under this consideration, namely:

1. First aid treatment and our duty in teaching laymen how to render same to the injured.
2. Shock and its treatment.
3. Compound fractures, especially their early treatment.
4. Where shock will not prevent, fracture should be reduced at once.
5. Anesthesia is necessary in reducing fractures.

Of course doctors are seldom permitted to see fractures where they occur. The patient is usually picked up without any protection for the fractured member and madly rushed, even manhandled sometimes, to a place for treatment. I am sure this unthoughtful manner has in some instances done more harm than the original injury. For this reason we should teach laymen who first handle these patients some of the fundamentals of splinting upper and lower extremities, the back and pelvis when there is any suspicion of fracture.

You may ask "whom are we to teach?" We cannot teach everyone, but we can teach ambulance drivers, key men in fire and police departments, highway patrolmen, sheriffs, foremen in factories, Boy Scouts and many others. As time goes on they will teach others, and with the medical profession directing this process, the people will become just as injury-conscious as they are about preventive medicine, which is being done

so thoroughly. Deaths due to typhoid fever, smallpox, diphtheria and many other diseases are now infrequent. The appalling number of deaths due to injury can and will be reduced. We can help prevent these accidents, but it is our solemn and professional duty to treat the injured and to treat them in the most efficient manner, which we cannot do unless we teach as well as treat.

A Boy Scout quickly learns how to suspect a fracture and how to apply a splint, fixing it at two points above and below the site of fracture so the soft parts about the sharp edges of a broken bone will not be damaged while carrying the patient to a place of treatment. He knows that the patient should be transported horizontally and be kept warm by the use of blankets. He quickly learns to procure and pad improvised splints, if the proper Thomas splints are not at hand. He also knows that the splint should be applied with traction, and lastly, he knows to "splint 'em where they lie." Any individual with average intelligence can learn this.

Therefore, every physician should not only be willing, but anxious, to help spread information on the management of the injured, as has been done with preventive medicine; not teach the laymen how to treat fractures, but how best to transport the injured for treatment.

Assuming a man has been seriously injured in an automobile accident, properly splinted with traction on the spot where found, carried quickly, gently, warmly and horizontally to you for treatment, what should be considered at once?—the state of shock. A quick but incomplete examination will show shock. If moderately, and especially if severely shocked, treat the shock there and then. Everyone knows that morphine, saline intravenously, adrenalin, raising the foot of the bed and warmth are the main anchors in the treatment of shock. It is much better to give frequent small doses of adrenalin than it is to give large doses several hours apart. If the shock is due to hemorrhage it must be stopped

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

by the use of hemostats, leaving them clamped on, by compresses, or by tourniquet. Do not use the tourniquet longer than one hour. A transfusion of well-matched blood should be given, but saline and glucose, five to ten per cent, in the vein is often a life-saver when blood cannot be had.

It is of prime importance to differentiate between shock and the condition of marked increased intracranial pressure of rapid onset, such as intracranial hemorrhage or middle meningeal hemorrhage. In the former condition the respirations and pulse are rapid, temperature subnormal, skin pale, cold and clammy, and the patient may be covered with profuse perspiration. In the marked increased intracranial pressure cases, the respirations are usually much slower and more stertorous than in shock. There is choking of the disk, unequal pupils, possibly changing frequently in size, the eyeballs may oscillate, the mental state is abnormal, may have been lucid, but now stuporous, disorientated, or may be unconscious. Head injuries definitely need emergency treatment; it may be that negative treatment is needed, but such is not considered here.

If this severely shocked patient has one or more of the long bones fractured, and arrives with a traction splint on, check it up, making any changes that are needed to relieve muscle spasm and pain and to reduce as much of the deformity as possible by the traction and support of the splint, thereby reducing shock and improving the circulation about the fracture and beyond it. It is preferable not to remove the clothing. If no splint and traction are on when the case arrives, apply one quickly and gently. All of this should be done while the shock treatment is in progress. When shock is overcome, the real treatment of the fracture may begin, and not before. Even in the hospital do not make an X-ray examination until out of shock.

If there is a compound fracture the local wound should have immediate attention while the shock is being treated as every compound fracture is more or less contaminated and will become more or less infected in twelve to eighteen hours. Laymen should be taught to pour some good antiseptic, such as tincture of iodine, or tincture of merthiolate over the wound and apply a sterile dressing, or dressings saturated with alcohol, and splint the fracture as it is without traction, so the doctor can see the wound and act accordingly. If the condition

will permit, and is properly cared for before eight hours, infection is much less likely to occur in compound fractures. Preventive dose of anti-tetanic and gas serum should be given at once. In cases where contamination is very slight, one injection is usually enough, but in cases where the chance for infection is great, injections should be given every three or four days for three doses. Gas serum, some think, has very little value, but I believe we should use it until we definitely know that it has no value. I believe that it has some value and use it in large doses on the slightest evidence of gas infection. Of course, I use other treatment for gas infection when it is present.

If there is only a slight puncture wound of the skin by a spicule of bone, and the bone is still protruding through the skin, remove the point of bone with a bone forcep after antiseptics have been applied. If the bone is not protruding and the wound is but a small puncture, there is slight chance for infection, so apply antiseptics and sterile dressings without open operation. Severe compound fractures from within, and all compound fractures from without, should have a very thorough debridement. These compound fractures should be reduced and fixed securely by the method of your choice so that you will not have to disturb the compounded area for several days. The change of dressings, splints, and traction, whether in amount or direction, only mixes and spreads the contamination or infection. So fix them well and proper and leave them alone, but observe these cases frequently and carefully, as infections are very likely to occur. This thorough surgical procedure must be done as soon as shock is over, usually in twelve to eighteen hours. This must be done under an anesthetic. Spinal anesthesia may be used in the lower extremities.

Make as much of a general examination as possible without disturbing the patient while treating shock and finish the examination as soon as the condition will permit. You will then have a complete picture of your patient at the beginning of the real treatment of the fracture.

In minor injuries, such as simple Colles', Pott's and others, where shock is little or absent, reduction should be done at once before swelling develops. You are then able to better palpate the bony landmarks and, too, the exudates that are sure to come, have not made the soft parts short and tight by the swelling. Reduction is much easier at this time. Early reduction re-

lieves pain, prevents shock and swelling by preventing the continued obstruction of the circulation from the displaced and overlapping bone fragments.

No reduction of fractures should be attempted by manipulation without an anesthetic, either general or local. It cannot be done nearly so well without an anesthetic because of muscular interference. I am very fond of local anesthesia, it can be given quickly and safely, and provides very good relaxation of muscles. I use a two per cent fresh solution of novocaine, injecting solution into the blood-lake about the fracture, massaging gently to mix the solution with the blood about the ends of the fragments. In ten minutes you have almost complete anesthesia and relaxation. It makes the use of the fluoroscope easy, because the patient can co-operate and it makes the application of the plaster easy. It should never be used in compound fractures, through badly abraded skin and in cases where there is a co-existing skin infection, because of the likelihood of infecting the fractured area.

Conclusions: First. We should have very definite and clear ideas about first aid treatment, and should be willing to teach laymen how to apply first aid to avoid further injury in the transportation of patient.

Second: We should be able to differentiate shock and treat it early and effectively.

Third. We must treat compound fractures early, thoroughly, and fix them well and securely, if we hope to avoid infections of the soft tissues and osteomyelitis.

Fourth. We should reduce all fractures at once where shock will permit, making one X-ray examination at least, after reduction.

Fifth. We should use anesthesia in all fractures where manipulation is to play a part.

RABIES

It is usual, at this time of the year, to have attention focused on rabies among dogs and dog bites of humans. As is generally known by physicians, it is not so much that rabies is more prevalent during the hot season and so-called dog days but rather that popular conception believes it to be so.

It is often difficult to determine whether an individual should have the rabies vaccine. If a person has been bitten by a dog which has escaped and cannot be recovered, then there is only one conclusion, "Play safe and give the vaccine." It is always advisable to securely confine the dog if possible and await developments. Vaccine need not be given even to those individuals bitten within seven to ten days. It is safe to await the first appearance of symptoms in the dog before giving the vaccine to the persons bitten.

CHRONIC TONSILLITIS AND HYPERTHYROIDISM*

FRANCIS J. SCULLY, A. B., M. D., F. A. C. P.,
Hot Springs National Park, Arkansas.

It has been known for a long time that chronic infection of the tonsils has a very definite relationship to hyperthyroidism, but very little attention has usually been given to it and its importance, therefore, in many cases it has been overlooked. Shirley¹ in 1916 called attention to this relationship and stated that he had observed beneficial results in a series of tonsillectomies for the relief of recurrent tonsillitis and quinsy attended by incipient typical and atypical exophthalmic goiter. Crouse² also reported the disappearance of exophthalmic goiter symptoms in five patients after the removal of diseased tonsils. Bram³ states that diseased tonsils, adenoids and infection of the gums and teeth are strong predisposing factors to the development of hyperthyroidism, and that cases have been cured by the removal of such infected teeth and tonsils. He also states that many infectious conditions, which have a local involvement of the throat such as measles, scarlet fever, diphtheria and influenza, may lead to hyperthyroidism.

In the past nine years I have observed twelve cases with definite symptoms of hyperthyroidism in which there was a persistent chronic infection of the tonsils. Of these cases, five were in males and seven in females. Following the removal of the tonsils in eight of these cases there was a rapid disappearance of the symptoms of hyperthyroidism and relief from the nervousness and palpitation that had been so marked previously. This relationship is clearly illustrated in the cases reported below.

Case I., D. D. E., a female, aged 31, was seen on April 20, 1930, complaining of nervousness, easy exhaustion, palpitation, difficulty in sleeping and poor vasomotor control as shown by flushing of the skin over the face and chest. There had been a loss of 26 lbs. in weight in the past four months. There was a history of recurrent colds.

Examination showed the throat moderately congested

Laboratory tests showed 75% hemoglobin, 4,250,000 red cells and 8,500 white cells. The urine specimen was and the tonsils of moderate size with deep crypts. Temperature 98.6, pulse 96, blood pressure 136-82. The heart

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

¹ Shirley, B. R.: Thyroid Diseases in Relation to Rhinology and Laryngology, Jr. Am. Med. Assn. 67:1726-1729 (Dec. 9) 1916.

² Crouse, H.: Focal Infection as a Possible Cause of Exophthalmic Goiter, Southwestern Med. 1:9-11, 1917.

³ Bram, I.: Exophthalmic Goiter and Its Non-surgical Treatment, 1920, C. V. Mosby Co., St. Louis, Page 89.

tones were clear. The thyroid showed a prominence of both lobes. The deep reflexes were over-active and there was a slight tremor of the extended hands. negative. The basal metabolism rate showed plus 24.

Treatment consisted of luminal $\frac{1}{2}$ gr. and quinine hydrobromide 3 gr. before meals. With this plan there was improvement in the nervous state and the pulse dropped to 80. The blood pressure dropped to 120-80 during the next three weeks. Immediate arrangements for a tonsillectomy could not be carried out, but on December 5, 1930, a tonsillectomy was done. By February 15, 1931, there was marked improvement in the patient's condition. The nervousness and palpitation had entirely subsided. The pulse was 72, blood pressure 122-80. The throat was healthy. The thyroid was much smaller, although the right lobe was still a little prominent. There was a gain in weight of 5 lbs., and relief from a nervous indigestion that the patient had been having for some time previous to the operation. Several observations since then have shown no return of the symptoms of hyperthyroidism.

Case 2., J. F. P., a male, aged 41, was seen January 19, 1934, complaining of weakness, rapid beating of the heart, a tight feeling in the throat with fullness in the chest, extreme nervousness, difficulty in sleeping, and a loss of 37 lbs. in weight in the past three months. He had been subject to recurrent attacks of tonsillitis.

Examination showed the tonsils large and congested. The cervical glands were enlarged. The thyroid showed a moderate prominence of both lobes. The heart tones were clear, rhythm was regular. The pulse was 96, temperature 98, and the blood pressure was 142-94. The deep reflexes were over-active and there was a marked tremor of the extended hands.

Laboratory tests showed 85% hemoglobin, 4,530,000 red cells, and 9,400 white cells. The urine was negative. Basal metabolism rate was plus 14.

Treatment was directed to the relief of his nervous symptoms by the use of sodium bromide 10 gr. after meals, and amytal $\frac{1}{2}$ gr. before meals. By February 10th the pulse was 78, and the blood pressure 134-82. He was able to sleep better and had gained 3 lbs. in weight. The tonsils, which were removed at that time under local anesthesia, were large and showed a marked chronic inflammatory reaction. On March 3rd the pulse was 72 and the blood pressure 130-84. He had complete relief from the nervousness and palpitation. The congestion of the throat had entirely subsided and there was improvement in his sense of well-being and strength. He was able to sleep without sedative. In January, 1935, he returned to Hot Springs. There had been no return of the nervous symptoms and he had continued in good health.

Case 3., R. B. C., a female, aged 35, was seen February 5, 1931, complaining of a gradual increase in nervousness, irritability, palpitation and precordial discomfort that had come on within the past three years, but had become more marked within the past month. She had also noticed some flushing of the face, sweating of the hands, and weakness.

Examination showed the thyroid moderately enlarged, the throat congested, and the tonsils hypertrophied. The cervical glands were enlarged. The deep reflexes were over-active and there was a tremor of the hands. The temperature was 99, pulse 108, and the white count 8,600.

There was improvement with rest and a mild salicylate. She was advised to have the tonsils removed but when

seen in April, 1933, this had not been done. She had felt so well following her visit here that she did not think the operation necessary. In April, 1933, she had become nervous again following a cold. The throat was acutely congested and the thyroid was again prominent. The same treatment was repeated with recovery. A recent report from this patient states that she has been well except for occasional attacks of nervousness. She had not yet had the tonsillectomy performed.

Case 4., E. R., a male, aged 32, was seen May 16, 1934, complaining of nervousness, aching in the legs, restlessness and difficulty in getting to sleep. Examination showed the tonsils absent except for a small piece at the base of the fossa on the right side. There was considerable swelling, redness and congestion of the throat, especially about the piece of tonsil. The temperature was 99.2, pulse 114. The deep reflexes were over-active. The thyroid showed only a slight prominence of the lateral lobes. There was some tenderness of the calf muscles of both legs. The white count showed 9,750.

He was given the thermal baths here, and had strontium salicylate 10 gr. after meals. On May 26th he felt much better. The temperature dropped to 98 and the pulse to 90. The inflammation of the throat subsided, and he was advised to have the remaining piece of tonsil removed on his return home. A recent report shows no return of the nervous symptoms, but he has not yet had the operation.

It is not my intention to attribute every case of hyperthyroidism to chronic tonsil infection, but there is no doubt that there are many cases in which there is a definite relationship between the throat infection and the development of symptoms of hyperthyroidism. This relationship was especially indicated in those cases in which there was a prompt relief following the tonsillectomy from the nervousness, palpitation, and other symptoms of hyperthyroidism. In eight cases having the tonsillectomy there has been permanent relief from the symptoms of hyperthyroidism in all but one. In this patient there was a return of the nervousness following an attack of influenza. This would indicate that even after the tonsils are removed there is a tendency for the thyroid to be involved with further attacks of throat inflammation. This patient, however, presented an enlargement of the thyroid gland when first seen, which had developed during the earlier attacks of tonsil infection, and which had persisted since the removal of the tonsils. Another patient showed a slight nervousness following a cold, but had no other symptoms of hyperthyroidism. Case four further illustrates the liability of the recurrence of hyperthyroidism with throat infection, particularly where the tonsils have not been completely removed.

In three cases there was recovery following the treatment of the local throat infection. Tonsillectomy had been advised but had not been car-

ried out. One patient has apparently made a complete recovery; but the other two cases (illustrated by case three) have had recurrences with each exacerbation of the chronic tonsil infection. It is therefore evident that the proper procedure in these cases is to have a prompt removal of the tonsils, after the acute symptoms have cleared up, in order to prevent a recurrence and perhaps the development of permanent changes in the thyroid gland.

In the majority of cases reported the swelling of the thyroid gland disappeared promptly after the removal of the tonsils, or after the clearing up of the inflammation of the throat. In two cases, however, the thyroid remained permanently enlarged, evidently due to chronic fibrous changes following the repeated attacks of thyroiditis that had developed each time there was an acute inflammation of the throat.

The pathologic changes in the thyroid gland are probably in the nature of a mild thyroiditis rather than the hyperplastic changes typical of exophthalmic goiter. In two cases the enlarged thyroid gland was quite tender to pressure, which would indicate an inflammatory reaction. It was only in those cases where there had been recurrent attacks of throat infection that there was a permanent enlargement of the gland. In these cases fibrous changes had evidently developed, but such changes have the possibility of leading to more serious pathological conditions later on.

Many cases with nervous symptoms, often diagnosed as neurasthenia, hysteria, and nervous exhaustion, have a mild hyperthyroidism as a basis. In these cases it would be well to look for evidence of chronic tonsil infection, which might be responsible for the thyroid irritation. Removal of the tonsils at this stage would save the patient much drain on his nervous system, and would bring about an early return to normal health.

Summary.

1. The cases reported illustrate a definite relationship between chronic tonsil infection and symptoms of hyperthyroidism.

2. Removal of the tonsils has brought about prompt recovery, and in most cases permanent relief from the symptoms of hyperthyroidism.

3. The pathologic changes are apparently of the nature of a mild thyroiditis rather than the hyperplasia seen in exophthalmic goiter.

4. Many cases of functional nervous disturbances may have a mild hyperthyroidism as a basis in which there is a chronic tonsil infection, and which will be relieved by a tonsillectomy.

FEEDING THE DIONNE QUINTUPLETS

The January Journal of the Canadian Medical Association contains a detailed account of Dr. Allen Roy Dafoe, of his management of the famous Dionne Quins, during the first year of their lives.

They were kept in incubators until each one reached the weight of six pounds.

A mixture of oxygen 95% with carbon dioxide 5% was given to them for the first three months, as a stimulant. Once a day they were given an oil bath.

Anemia, which early developed, was treated by small doses of ferrous chloride.

Sunlight and fresh air were early and frequently utilized in the program with excellent results.

On the first day they were given every two hours 10 or 15 drops of warm water with an eye dropper. Every two hours on the second and third days, each had from 30 to 60 drops of a mixture containing 7 ounces of milk, 13 ounces of water and one ounce of corn syrup.

From the fourth day until October 19, they were kept on breast milk. They were then placed on a mixture of cows milk and Dextri-Maltose. After a few days evaporated milk was substituted for cows milk with the addition of lacto-bacillus acidophilus.

This formula was used until the children were one year old.

At the second month they were given vitamin D in the form of viosterol.

The first solid food was used on October 26th in the form of Pabulum, which was given daily from that date.

Assorted vegetables and fruits cooked and strained were also used in the diet.

The nutritional improvement in the children was satisfactory throughout.

Their management by Dr. Dafoe reflects great credit on his professional skill.

The world justly applauds him on his success.

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Fifth Councilor District Medical Society, Camden, October 8th.

Inter-state Postgraduate Medical Association of North America, Saint Paul, October 12-16th.

First Councilor District Medical Society, Paragould, October 15th.

Third Councilor District Medical Society, Forrest City, October 16th.

Oklahoma City Clinical Society, Oklahoma City, October 26-29th.

Southern Medical Association, Baltimore, November 17-20th.

President's Night, Pulaski County Medical Society, Little Rock, November 23rd.

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POST-GRADUATE STUDY—D. A. Rhinehart, Little Rock, Chairman; Joe F. Shuffield, Little Rock; F. H. Krock, Fort Smith; H. S. Thatcher, Little Rock; B. L. Moore, El Dorado; E. E. Barlow, Dermott; R. B. Robins, Camden; A. S. Buchanan, Prescott; Roy Millard, Dardanelle; A. C. Watson, England; S. C. Fulmer, Little Rock; C. S. Moss, Hot Springs National Park; H. E. Mobley, Morrilton; J. A. Foltz, Fort Smith; E. J. Munn, El Dorado.

EDITORIAL

POSTGRADUATE STUDY.

An important function of the medical society is to provide for the continued education of its membership to the end that the individual practitioner may be kept abreast of advances in medical knowledge. Formerly this was attempted solely through the medium of county society meetings and the annual session of the state society, supplemented by the use of textbooks and various journals. With the rapid growth of medical science, additional methods of instruction are required for the adequate dissemination of newer medical knowledge. Among these successful methods is the state-society sponsored postgraduate study course, presented for short periods in one or more centers as a matter of geographical convenience. This makes intensive study courses available with a minimum in loss of time and money.

In line with other progressive societies, the Arkansas Medical Society has just presented its first postgraduate study course, a well-planned and systematic period of instruction, arranged by the Committee on Postgraduate Study with the co-operation of the faculty of the University of Arkansas School of Medicine. At this time no report can be made of the attendance and interest which greeted this effort on the part of the committee members and the faculty, but The Journal is certain that it has been well received. It is the intention of the committee to present similar courses during the year, a decision sure to be heartily approved by those in attendance at the first course.

No physician can remain satisfied with his initial training; he must constantly exert himself to keep in step with medical progress. His education must be continuing. It is properly the duty of the medical society to assist the physician to obtain this education. The better type of practitioner now demands these opportunities for further training. The Arkansas Medical Society is providing them.

THE FATE OF AN EXPERIMENT.

Introduced as an experiment to provide adequate medical care to low-income groups by the pre-payment plan, a number of associations were developed in the years 1933-34. Some of these were developed under the guidance of organized medicine; others were frankly commercial in character. Among those of the first class was the Multnomah Industrial Health Association of Port-

land, Oregon, in whose organization 187 physicians aligned themselves, feeling that the vicious features of this pre-payment plan could be combatted only by a similar organization. It will be of interest to follow the fortunes of this group as revealed in Northwest Medicine, August, 1936. "In order to meet the competition of other like organizations, it was necessary for the organization to give coverage to certain executives who had incomes of more than \$1,800 a year. Physician members were now obligated to care for their former pay patients as members of the association at the low net fee which the association was able to pay. The matter was definitely brought to a head when a contract was entered into by the association and public school teachers who earned over \$1,500 a year. The association was forced, in order to meet the competition of commercial associations, to advise employers and employees regarding their organization. This, of course, constituted solicitation." As a final result, the council of the county medical society withdrew its support of all such associations, an action which the county society sustained. In the council's report it was emphasized that "no essential difference" existed between the organization sponsored by organized medicine and other commercial hospital associations. This result is in line with predictable experience. No valid reason exists for the profession elsewhere to undertake a similar disadvantageous experiment.

MEDICAL DIRECTORIES.

Although prominent publicity has been given to the resolution adopted by this Society in annual session, April 29th, 1936, and subsequently adopted by the American Medical Association in Kansas City, reports have reached The Journal that a solicitor for one of these directory rackets has been working in Arkansas during the past month and has sold space to a number of physicians. Sponsored for the benefit of the members, this resolution will have the effect of preventing the continuance of another promotion racket at the expense of physicians. Favorable comment on this resolution has been noted in a number of state medical journals, yet the purpose of the resolution will be defeated unless it has the whole-hearted co-operation of all physicians. Particularly is this true in Arkansas which now enjoys the benefits of initiating this reform. The resolution as adopted is again presented for the benefit of our membership. Adherence to

its provisions will result in a distinct saving to all physicians.

"WHEREAS, certain commercial interests are publishing medical directories, listing physicians by specialty and otherwise, as available for insurance and compensation work, and other professional services, and

"WHEREAS, participation by listing in these lay publications merely serves for the profit of the promoters, and is furthermore technically indirect solicitation of patients,

"THEREFORE, BE IT RESOLVED, That the Arkansas Medical Society condemns these practices as unethical and forbids its members to continue listing their names in such directories, and

"BE IT FURTHER RESOLVED, That the Arkansas Medical Society requests the House of Delegates of the American Medical Association to take similar action."

REFRESHER COURSES IN OBSTETRICS

Through the co-operation of the Children's Bureau, Department of Labor, and the Arkansas State Board of Health, plans are now being made for refresher courses in obstetrics to be held at some six cities in Arkansas within the next month or so. Present plans call for these courses to consist of six lecture periods, to be conducted in six cities, effort being made to so arrange these courses as to permit as large an attendance as possible by the physicians of the state. Two well-known physicians will deliver the lectures and it is anticipated that this course will prove as popular in Arkansas as it has in other states. Full details will be announced when plans are completed.

POLIOMYELITIS SPRAY.

The United States Public Health Service taking cognizance of the widespread interest in the preventive spray developed by Armstrong and Harris has stated that the spray is not at present regarded as of proved value in the prevention of poliomyelitis in man. If, however, it is desired to use the solution, it should be sprayed into the nostrils three or four times on alternate days, and thereafter weekly during the presence of poliomyelitis. The spray tip should be pointed upward and backward at an angle of about 45 degrees, and the spraying should be thorough enough to reach the pharynx as well, when a bitter taste will be noted. The early applications at least should be administered by a physician. The solution is prepared as follows:

Solution A—Dissolve 1 gram of picric acid in 100 cc. of normal salt solution. Warming facilitates solution of the picric acid.

Solution B—Dissolve 1 gram of sodium aluminum sulphate (sodium alum) in 100cc. of normal salt solution. Any turbidity in this solution should be removed by filtration through filter paper. Mix solutions A and B in equal amounts.

PROCEEDINGS OF SOCIETIES

The Benton County Medical Society met at Bentonville September 10th with papers read by C. E. Hurley, A. J. Harrison, E. A. Pickens and R. M. Atkinson.

GEO. M. LOVE, Secretary.

At the September 8th meeting of the Sebastian County Medical Society, motion pictures of eye surgery were presented and J. C. Ogden read a paper on "Trachoma."

The joint meeting of the Southeast Arkansas Medical Society and the Fourth Councilor District Medical Society held at Monticello August 17th was addressed by Virgil Payne, Pine Bluff, "Ionization Treatment of Hay Fever;" Alan Ca-zort, Little Rock, "Desentization Treatment of Hay Fever," and J. S. Wilson, Monticello, "Report of Four Cases of Cholecystitis with Cholecystectomy in Children."

The Tenth Councilor District Medical Society met at Fort Smith September 15th, electing officers: President, Guy Hodges, Rogers; Vice-president, J. L. Post, Altus, and Secretary-treasurer, L. M. Henry. The 1937 session will be held in Fort Smith. Morning operative clinics were conducted at Sparks Memorial and Saint Edwards Mercy Hospitals by J. A. Foltz, C. H. Holt, F. H. Krock. The following dry clinics were held "Syphilis in General Practice," Thos. Douglas, Ozark; "Sinusitis as a Focus of Infection," R. T. Smith, Fort Smith; "Bronchiectasis," T. P. Foltz, Fort Smith; "Undescended Testes," M. E. Foster, Fort Smith; "Consideration of Syphilitic and Rheumatic Heart Disease," A. A. Blair, Fort Smith; "Injuries of the Eye," E. C. Moulton, Fort Smith, and "Psycho-Radio-Chemical Combination and Its Physical Effect," C. H. Kennedy, Fort Smith. The afternoon program was: "The Patient with Heart Disease as a Surgical Risk," C. T. Chamberlain, Fort Smith; "Practical Management of Cranio-Cerebral Injuries," Harry Wilkins, Oklahoma City; "Misconceptions in Tuberculosis," J. D. Riley, State Sanatorium, and "Looking Forward," H. B. Wentz, Elkins.

The Arkansas County Medical Society held a public meeting at Stuttgart September 8th, with the following addresses: "History of Insanity," Elizabeth Fletcher; "Treatment of Syphilis," J. Stathkis, and "The Problem of Caring for the Mentally Abnormal," A. C. Kolb, all speakers from the State Hospital staff in Little Rock.

PERSONALS AND NEWS ITEMS

On vacation in Colorado during August were: Dr. and Mrs. E. C. Moulton, Dr. and Mrs. H. Moulton, Dr. and Mrs. C. H. Kennedy, Dr. and Mrs. M. E. Foster and Dr. and Mrs. S. J. Wolfermann, Fort Smith, and Dr. and Mrs. O. C. Melson, Little Rock.

Dr. and Mrs. R. T. Cook spent an August vacation in the Ozarks.

C. S. Holt addressed the Fort Smith Lions Club September 1st.

Recent elections in American Legion posts are the following: Commander, D. W. Goldstein, Fort Smith; Delegate to National Convention, L. J. Kosminsky, Texarkana; Surgeon, T. E. Rhine, Thornton; Surgeon, A. D. Cathey, El Dorado; Surgeon, R. B. Robins, Camden; Surgeon, W. A. Grimmett, Blytheville; Surgeon, C. K. Townsend, Arkadelphia; Surgeon, S. A. Drennen, Stuttgart, and Surgeon, S. F. Hoge, Little Rock.

Dr. and Mrs. C. R. Chestnutt, Little Rock, spent an August vacation in the East.

Among the successful candidates in the August primary are: R. L. Fraser, County Judge, Woodruff county; H. A. Dishongh, Coroner, Pularski county; Hugh Johnson, Coroner, Sebastian county; G. L. Hardgrave, Representative, Johnson county; W. H. Toland, Representative, Howard county, and W. O. Tibbles, Representative, Sharp county.

R. T. Henry has been elected president of the Springdale School Board.

A. M. Washburn, Blytheville, has received a scholarship in public health at Harvard University. In his honor the Blytheville post of the American Legion held "Dr. Washburn night" prior to his departure.

E. J. Horner, Jonesboro, addressed the public health nurses in session held August 24th.

The following have been elected members of county and state Democratic committees: H. J. Hall, Higden, and G. W. Tolleson, Amity.

J. D. Robbins, Mount Ida, sustained injuries in an automobile accident recently.

M. S. Craig has been elected vice-president of the Batesville Arkansas Boosters Club.

Texas Centennial visitors during August were Dr. and Mrs. M. J. Kilbury, Little Rock, and Dr. and Mrs. Pierre Redman, Fort Smith.

W. R. Felts, Judsonia, has been appointed a member of the Rehabilitation Committee of the American Legion, Department of Arkansas.

MARRIED—Dr. C. A. Hardesty, Paragould, and Miss Mildred McDaniel, September 1st.

MARRIED—At Fayetteville, September 4th, Dr. Ruth Ellis, Second Vice-president of the Arkansas Medical Society, and Dr. Vincent O. Lesh, South Amboy, New Jersey. Following a trip to California the couple will take postgraduate work in the University of Pennsylvania before returning to Fayetteville to practice.

A. C. Kolb addressed the Little Rock Rotary Club September 1st on "The Problem of Caring for the Mentally Unbalanced."

Dr. and Mrs. I. F. Jones, Fort Smith, spent a September vacation in North Carolina.

The following medical reserve officers were on active duty for the summer training period: Captains B. A. Bennett, Joe H. Sanderlin and Joseph F. Shuffield; 1st Lieutenants K. W. Cosgrove, E. C. Gay, H. H. Holt, J. S. Levy and John M. Samuel.

R. H. Willett, Jonesboro, addressed the Randolph-Lawrence County Medical Society at Mammoth Spring August 18th on "Deep X-ray Therapy in the Treatment of Malignant Disease."

P. W. Lutterloh, Jonesboro, scored a hole-in-one at the Jonesboro Country Club August 9th.

Members of the Clay-Greene County Medical Societies held a picnic session at Current River Beach August 20th. Talks were made by H. A. Stroud, Jonesboro; A. M. Washburn, Blytheville, and W. M. Majors, Paragould.

L. F. Barrier has been appointed a member of the Little Rock Board of Health.

E. J. Horner has been elected Surgeon of the Jonesboro American Legion post.

J. D. Riley, State Sanatorium, addressed the Postgraduate Course on Tuberculosis conducted by the Oklahoma Tuberculosis and Health Association at Tulsa, September 29th, on "Importance of Tuberculin Tests and X-ray in Childhood and Youth." Dr. Riley also addressed the public meeting on "Tuberculosis: Its Relation to the Community."

Speakers before The Southern Tuberculosis Conference, Hot Springs National Park, October 1st to 3rd are: S. J. Wolfermann, Fort Smith, J. D. Riley, State Sanatorium. D. A. Rhinehart, Little Rock, and W. T. Wootton, Hot Springs National Park, will conduct an x-ray clinic October 3rd.

D. W. Goldstein, Fort Smith, attended the Mississippi Valley Dermatological Conference in Minneapolis and Rochester during September.

R. E. Schirmer has been selected as director of the Mississippi County health unit.

E. J. Stroud has been elected a director of the Young Men's Civic Club of Jonesboro.

WHY SOMETHING ISN'T DONE?

At regular intervals from varied sources comes the inquiry why "something isn't done" about this or that. . . .

Solutions are not born of the moment. Many problems will never be solved or adjusted until every doctor relinquishes the argumentative attitude for one of co-operative action and support.

If you render services at a discount or a split of the regular fee; if you serve in a clinic or dispensary where persons able to pay receive free service; if you are filling out insurance certificates for no fee; if you are failing to practice preventive medicine and stand by while parents take their children to health clinics; if you neglect to cultivate and enlighten your senator and representative—if—well, if you fail to play an active part in your county society and your community you will find the answer is because of YOU. If all the "yous" would rally in support of their County Society, satisfactory solutions would be attained. Will "you" get busy? Will "you" go to work?—The Journal of the Michigan State Medical Society.

OBITUARY

GORDON HASTINGS, aged 38, died suddenly of heart disease at the home of his sister in Emporia, Virginia, September 14th. Dr. Hastings, with his wife and son, were visiting his relatives in Virginia prior to assuming his new duties as instructor in hygiene and public health at the University of Michigan. He had been granted a year's leave of absence from his duties as assistant health officer in Arkansas. Graduating from Randolph-Macon College and the Medical College of Virginia, Dr. Hastings also held the degree of Doctor of Public Health from Harvard University. He originally came to Arkansas to do malaria control work, later became health officer of Union County, which position he left in 1929 to serve as assistant state health officer. In addition to his membership in Pulaski County and the Arkansas Medical Society, he was a Fellow of the American Association and of the American College of Physicians.

HENRY F. DE WOLFE, aged 39, died at his home in Little Rock September 4th. Born at Garnett, Kansas, September 24, 1896, he graduated from the University of Kansas in 1925 and served his internship at the Cleveland City Hospital. While engaged in his internship he did special work in lymphogranuloma inguinale. He had practiced dermatology in Little Rock since completion of his hospital studies and was a member of the Pulaski County and the Arkansas Medical Societies, of the American Dermatological Society, a fellow of the American Medical Association, and a member of the Nu Sigma Nu and the Alpha Omega Alpha medical fraternities. For the past two years he had taught dermatology in the University of Arkansas School of Medicine. He held the diploma of the American Board of Dermatology and Syphilology. His

death followed shortly on his return from his honeymoon, having married Miss Helen Lawton of Estill, S. C., June 10th. Surviving relatives are his wife, his mother, a brother and five sisters.

SAMUEL THOMAS TAPSCOTT, aged 53, died at his home in Searcy September 4th. A leading physician of White County, he had continued in his practice despite ill health for the past several years. Born in Searcy, the son of a physician, he graduated from the University Medical College of Kansas City in 1907 and served over one year with the American Expeditionary Forces. He was a member of the First Baptist Church, the Masonic Lodge and the American Legion. Surviving him are three sisters.

WILLIAM TERRELL FIKE, aged 70, died at his home in Warren June 21st, having been ill the past past nine months following a cerebral hemorrhage. Born in Union County, November 23, 1865, Dr. Fike attended school at Bowling Green, Kentucky, and graduated from the University of Arkansas School of Medicine in 1896. He taught school for two years before engaging in the practice of medicine at Warren. He is survived by his wife, to whom he was married in 1916, and by two daughters and two sons.

WILLIAM SCAFE BEATY, aged 73 years, died in a Memphis hospital September 2nd. Born March 9, 1863, Dr. Beaty graduated from the University of Louisville School of Medicine in 1892 and had practiced almost continuously in Lee county since that date. He was a member of the Lee County and of the Arkansas Medical Societies. Surviving relatives are his wife and one son.

RANDOM THOUGHTS OF THE SECRETARY

August 14th. Last night bivouacing on Texarkana's circus grounds renewing acquaintances with the regiment and spending a considerable portion of the night listening to that variety of rumor so prevalent in the army. Hodges, embryo medical officer, astounds us with the statement that he had planned to set up the prophylactic station "when we get to camp."

August 15th. This day through east Texas, noting the Lone Star state's preparation for Centennial visitors and the state pride which appears to be an inherent trait of the populace. This night tenting in a field, continuing the evening's occupation as of Texarkana, the rumors having grown in magnitude during the heat of the day, no less a characteristic of the site where these rumors are alleged to originate.

August 16th. The convoy ends and we view Matagorda Bay with a meager enthusiasm, the camp site with but slight interest, but the prospect of a shower and a night in a tent with a floor with great joy. With considerable abandon we distribute our baggage over the place so that the great desire, a tent floor, is soon lost to view.

August 18th. This evening brings the opportunity for Hodges to practice the early diagnosis and treatment of appendicitis. A soldier with the "tummy-ache" is acquainted with the proper diagnosis, placed in an airplane for a night flight to San Antonio, a thoroughly perturbed young man, so much excitement never having attended a simple stomach ache in his experience.

August 21st. With the second in command, we take to the pier and pass the afternoon in mild excitement, feeding shrimp to the sophisticated denizens of the bay, who demonstrate that they can take the bait while avoiding the hook. The rule of losing the bait and catching no fish is proved by the few who flounce their tails in taking off from a bite of bait, the tail then catching in the hook. The afternoon passes, as do most fishing excursions; no fish but much conversation. In the evening to the nearby village to partake of a fish dinner, a perfect ending.

August 22nd. This night we accompany a soldier with an infected hand to Houston, some 113 miles distant, for necessary surgical and hospital attention, thereby acquiring the viewpoint of the country doctor who brings the patient to the city surgeon. We are now fully conversant with a number of details in connection with this custom.

August 24th. The annual minstrel show is held affording much merriment to the soldiery and the male population of the village who are in attendance; the women and children understandeth not or profess not to follow the jokes to the point of laughter. Many a tale is related, scarcely suitable for this family column.

August 25th. The best day of all in camp. Real money is handed out.

August 26th. Retracing our course through Texas, the heat and monotony of the trip being relieved by the fact that we now have money in our pocket and by the memory of many an incident in camp. Among other thoughts, we resolve that next year shall find us sound asleep at tattoo each night.

August 29th. Viewing the mail piled on our desk, we give the office a passing glance and strike out for a week-end with Peggy and Bill Riley on Mount Sequoyah.

September 5th. We have about caught up with the loose ends of our practice and consider ourselves once again a civilian.

September 9th. Becoming increasingly annoyed with the drought, we take the drastic measure of having our allotment of economical transportation washed and polished. It works according to rule: 0.75 inch of rain falls.

September 11th. Visiting Charlie Chamberlain, more than usually compliant and tractable, at the mercy of surgical colleagues.

September 12th. This week we have been interested to observe the solicitude which Foltz pater manifests for Foltz fils. Roughly we estimate that he has walked more miles down our main floor from his office to the junior member's office than he has walked in any one month since the Spanish-American campaign. This activity on the part of one who for years has had his car driven to the building rather than walk to the garage one and one-half blocks distant, bespeaks the true paternal instinct.

KANSAS CITY AND CLINICAL MEDICINE

It is a significant fact that progressive medicine in Kansas City has been keeping pace with the active growth and influence of the city itself.

As one reviews the history of the expansion and commercial development of Missouri's western metropolis from its earliest days, when the "city situated at the junction of the Missouri river and the Kaw" gave great promise of becoming at some future date a community of note, one may trace at the same time, as a characteristic tendency of its cultural progress, a continuous determination to promote and stimulate medical science and advancement.

Kansas City has demonstrated many times her advantages as a medical center of the middle west. Only recently did she take her place among the older organized medical communities when the Kansas City members of the medical profession, with one common purpose in view, took upon themselves the not inconsiderable task of materially aiding the American Medical Association in conducting one of the most successful conventions in the history of that great organization. For this success, be it said in all fairness, the profession claims but a part of the credit; loyal lay-citizens and city officials, stimulated by that urge for progress which has become universally known as the "Spirit of Kansas City, the Heart of America" are to be accorded a great share of the well earned honor and recognition for this achievement.

Elsewhere in this issue of The Journal will be found the announcement of Kansas City's Annual Fall Clinical Conference, to be held there on October 5-6-7-8. The purposes of these annual medical assemblies have been well recognized all over the country: they are primarily to furnish the physicians of the Southwest the means of securing a veritable postgraduate course of instruction in the more important fields of medicine; to review the advancements made in their various specialties and to present an agreeable medium through which a better fellowship can be maintained among the physicians of this region, many of whom have become habitual "pilgrims" to these fascinating medical meetings.

This year, the Kansas City Southwest Clinical Society will present its fourteenth annual conference. Kansas City and its clinical society are to be congratulated on the success which former annual meetings have attained; we predict that the 1936 Conference will earn again for itself the commendations which previous assemblies have received.

AUXILIARY NEWS

INTERESTING MATERIAL FOR PROGRAMS.

Have you ever used any of the material from the Southern Medical Auxiliary Research Committee? If not, you will find here a source of much interesting program material. This committee, in their desire to help Auxiliaries in their program building, has collected data and articles on medical history, State President addresses, stories and incidents of the men who have become heroes of medicine, poetry, and articles which tell of the present day trend of medicine. For example, "Cure for Care," "Apron Strings," "The Crutch That Fails," "Handicap—or Alibi," "The Responsibility of Women for Good Health," "With a Thimble of Radium," "Can Our Present System of Medicine Survive?," "Origin and Practice of Medical Ethics, and Etiquette," "Odd and Quaint Illustrations of Medical Science," "Current Medical Economies," and many articles on Auxiliary Information, Health, History, Public Relations, Biography, Research, Poetry, Memorial Addresses, and Auxiliary Projects. These papers may be obtained from the chairman of Research, Mrs. S. A. Collom, 719 Main Street, Texarkana, Texas. Papers borrowed may be kept two weeks, the borrower paying postage both ways. A complete list of these papers was sent to each County Auxiliary President last year, and she was asked to pass this list on to her successor. Plan to use some of this material this year on your programs!

MRS. WM. HIBBITTS,
Arkansas Chairman,
Southern Medical Auxiliary
Research Committee.

The Auxiliary to the Southeast Arkansas Medical Society met in Monticello August 17th, guests of the Monticello members.

We assembled in the lobby of the Ridgeway Hotel and later were conveyed to the beautiful municipal swimming pool where a lovely chicken supper was waiting.

Later on the meeting was called to order by the Vice-President, Mrs. Marion Leverett of McGehee, in absence of the President, Mrs. Crandall of Wilmot. Roll was called and minutes of the July meeting read and approved. Four new members were added to the roll, Mrs. J. A. Thompson of Dermott, Mrs. H. E. Cockerham of Portland, Mrs. R. D. Dickin of Monticello and Mrs. E. A. White of Hamburg.

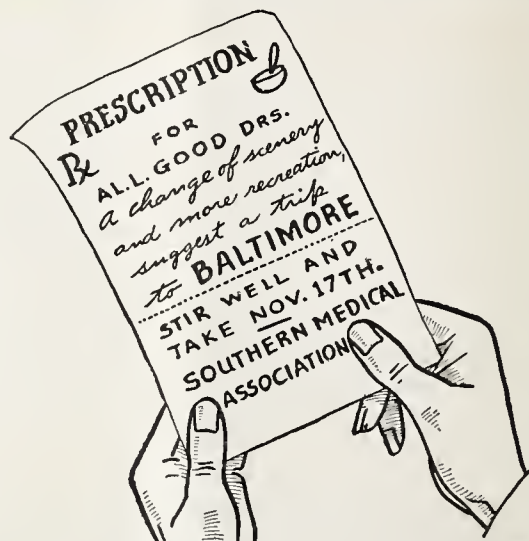
After the business session, the hostesses presented some contests which caused much merriment. This was one of the nicest meetings the Auxiliary has had, and we are anxiously awaiting the time when we can return to Monticello for another meeting.

MRS. H. T. SMITH, Secretary.

OBITUARY.

Hazel Van Buskirk Rhinehart, aged 46, died at Saint Vincent's Infirmary on Wednesday, August 19, 1936. Mrs. Rhinehart was a graduate of University of Indiana, a member of Delta Gamma Sorority, she served as President of Pulaski County Medical Auxiliary, as President of Little Rock Council of Parents-Teachers Association, was a member of Little Rock High School Band Mothers, and a member of Winfield Memorial Church.

Her passing is a distinct loss to her family and all her friends. "Though lost to sight, to Memory Dear."



AN OUTSTANDING MEDICAL MEETING — the Annual Meeting of the Southern Medical Association in Baltimore in mid November. In the twelve general clinical sessions, the sixteen sections, the six independent medical societies meeting conjointly, and the scientific and technical exhibits, every phase of medicine and surgery will be covered—the last word in modern, practical, scientific medicine and surgery. Addresses and papers by distinguished clinicians not only from the South, but from all over the United States.

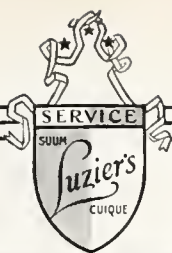
Regardless of what any physician may be interested in, regardless of how general or how limited his interest, there will be at Baltimore a program to challenge that interest and make it worth while for him to attend.

EVERY PHYSICIAN IN THE SOUTH who is a member of his state and county medical societies can be and should be a member of the Southern Medical Association. The annual dues of \$4.00 include the Association's own Journal each month, the Southern Medical Journal — the equal of any, better than many.

SOUTHERN MEDICAL ASSOCIATION

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KANSAS CITY, MO.

BOOK REVIEWS

Theory and Practice of Psychiatry. By William S. Sadler, M. D., Chief Psychiatrist and Director, The Chicago Institute of Research and Diagnosis; Consulting Psychiatrist to Columbus Hospital, etc. Pp. 1231. Price \$10.00. Saint Louis: C. V. Mosby Company, 1936.

This book is especially valuable in view of the fact that it deals in part with the nonpsychotic groups of nervous disorders which should be helpful to the physician in general practice. The author has given illustrative case histories throughout the book and has explained many mental symptoms in a manner which makes them understandable to the average practitioner who has not had training in psychiatry.

Toxicology or the Effects of Poisons. By Frenk P. Underhill, Ph. D., late Professor of Pharmacology and Toxicology, School of Medicine, Yale University. Revised by Theodore Koppanyi, Ph. D., Professor of Pharmacology and Materia Medica, Georgetown University School of Medicine. Third Edition. Pp. 325. Price \$2.50. Philadelphia: P. Blakiston's Son and Company, 1936.

This is the third edition. The volume is divided into six chapters: The Principles of Toxicology, Inorganic Poisons—Corrosive Acids and Alkalies, Poisonous Gases, Metallic Poisons, Alkaloidal Poisons and Miscellaneous Organic Poisons. It describes concisely the action, symptoms, post mortem appearances, fatal dose and treatment of the poisons. The book is small which is important for quick references. It should be in the hands of every physician.

Disability Evaluation: The Principles of Treatment of Compensable Injuries. By Earl D. McBride, B. S., M. D., F. A. C. S., Assistant Professor in Orthopedic Surgery, University of Oklahoma School of Medicine; Attending Orthopedic Surgeon at Saint Anthony's Hospital; Associate Orthopedic Surgeon to Wesley Hospital; Chief of Staff, Reconstruction Hospital, Oklahoma City. Pp. 623. 374 illustrations. Price \$8.00. Philadelphia: J. B. Lippincott Company, 1936.

The author covers in complete detail in this unique volume all possible injuries and resulting impairments of function. His method for the evaluation of the disability percentage is explained with illustrative diagrams and photographs. This book will be of great value to industrial physicians as well as to general men who take care of compensation cases, assisting them to formulate opinions of disability with a sound basis.

Parenteral Therapy. By Walton Forest Dutton, M. D., Visiting Physician to the Northwest Texas Hospital and Saint Anthony's Sanitarium; Director, Medical Research Laboratories, Amarillo, and George Burt Lake, M. D., Editor, Clinical Medicine and Surgery; Educational Lecturer, Illinois State Medical Association. Pp. 386. 90 illustrations. Price \$7.50. Springfield, Illinois: Charles C. Thomas, 1936.

There exists today a well established tendency in undergraduate medical teaching to stress clinical diagnosis, leaving the minutia of therapeutics to be mastered during the postgraduate years. As a consequence thereof, surgeons, internists, and general practitioners today find themselves equipped with a therapeutic armamentarium which, strangely enough, has come to them by word of mouth from their professional elders. Granted that

therapeutic principles are inherited in the orthodox manner, certainly it must be admitted that treatment technique has experienced no such orderly transmission from group to group of physicians. This applies particularly to parenteral therapy, where certainly a thorough knowledge of the nicety of details is a most important factor in its successful administration.

A perusal of this work, therefore, is enough to convince one that it fills a crying need. The authors have divided their book into three parts:

Part I: General technique of parenteral therapy which is made up of appropriately detailed discussions and illustrations covering the simple intradermal methods at one extreme, to the more elaborate alcohol injections and nerve block at the other.

Part II, (entitled "Therapeutic Index") unfortunately does the work no credit, and could well have been omitted in a text of this nature; since it deals in summary fashion with indications for treatment, and becomes forthwith, a dangerous chapter, in that it, in common, with those treatises having to do with short cuts to diagnosis, offers dangerous temptations to lazy-minded clinicians.

Part III and the Addenda, however, more than make up for the inappropriateness of Part II, since they include under "Pharmacologic Notes" painstakingly gathered information concerning the materia medica and physiological-chemical action of the innumerable drugs and solutions employed in parenteral therapy and in the "Addenda," an authoritative guide through the maze of proprietary drugs and names, and their enthusiastic manufacturers. Both of these sections are carefully indexed.

This work is distinctly for reference and not for cover to cover digestion. Properly used, its value to all physicians cannot possibly be over estimated.

AMERICAN MEDICAL DIRECTORY

The new American Medical Directory has been issued. A copy is in the office of the state secretary. The 1936 edition contains 183,312 names of physicians, located in the states and territories of the Union, as well as the names of the practitioners of Canada. Information as to any physician's name, address (both office and residence), age, school and date of graduation, date of licensure, and membership in special societies, can be secured by writing the state secretary. Much other valuable information is contained in the Directory.

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GLAUCOMA SIMPLEX: SOME PROBLEMS*

H. MOULTON, M. D.,
Fort Smith.

I. DIAGNOSIS

All ophthalmologists see cases in which the diagnosis is difficult. There are cases which resemble glaucoma, but are not. There are other cases which seem not to be glaucoma but later develop into glaucoma. It is a serious matter to overlook an incipient glaucoma, and almost as serious to make a diagnosis of glaucoma when it does not exist in fact. In the latter case the patient is needlessly alarmed and may spend the rest of his days in a state of glaucoma-phobia or receive harmful treatment.

In October 1934, Mr. H., an attorney, reported that a reputable oculist examined his eyes and told him that he thought he had glaucoma and prescribed pilocarpine drops. The only symptom was the occasional appearance of a colored ring about a light. Objectively the oculist thought there might be a slight cupping of the disc.

Examination revealed a slight chronic conjunctivitis with a tendency for a thin film to spread over the cornea which produced the halo. The tension of both eyes was normal. Visual fields normal. Vision, corrected, 20/16 in each eye. A perfectly normal physiologic cup was seen. It seemed the diagnosis of glaucoma must be an error. Zinc sulphate was prescribed with proper glasses, and all was well until one evening a year later at a picture show, a one sided obscuration of vision occurred, causing him to think glaucoma had got him sure. In twenty minutes his vision was clear as ever. After an explanation of the cause and harmlessness of a transient hemianopsia he was apparently satisfied. At a recent examination the eyes are still perfect. No halos have been seen since the zinc did its work.

In order not to overlook a beginning glau-

coma simplex we should be constantly alert to detect its first symptoms. Unless several of these are present and well defined, a final diagnosis should be withheld until further, frequent observations have been made. The ophthalmoscope and perimeter should be used but the most important instrument of all is the tonometer, applied on different days and at different hours. It is not usual for a normal eye to have a frequent reading above 25 mm. or 26 mm. of mercury, although occasionally an eye will tolerate 30 mm. of mercury apparently without harm for some time, illustrated by the case of Mrs. P. aged 53 years, who, while using myotics for six years following 1929, at every one of a dozen or more readings had tension of 35 to 40 mm. of mercury, except one which was as low as 27. Yet she maintained normal acuity of vision and no contraction of the field. However, at this time failing vision and a contracting field led her to accept a successful trephine operation. Why she had not gone blind, I do not know.

2. ETIOLOGY

Until recently obstruction of drainage at the angle of the anterior chamber has been generally ascribed as the primary cause of glaucoma, rather than its effect. At present there is a growing opinion that increased tension occurs first. We used to think when atropine was used in an eye, predisposed, that the thickened iris at its periphery, obstructing the angle of drainage, caused the increase in tension. But Luedde, at the meeting of the American College of Surgeons in St. Louis in 1932 called attention to the fact that atropine administered internally in amount sufficient to cause dilation of the pupil could not cause increased tension. I have had one such case.

Hardesty (Journal of the Missouri State Medical Association, April 1934, and Transactions of the American Ophthalmological Society 1934) has shown that in glaucoma the tension can often be materially reduced by adrenalin given hypodermatically without affecting the size of the pupil. Applied locally we know that in many cases adrenalin will reduce glaucomatous

* Chairman's address, Section on Eye, Ear, Nose and Throat, Sixty-first Annual Session of the Arkansas Medical Society at Hot Springs National Park, April 28, 1936.

tension even to normal in spite of wide dilatation of the pupil. The same author also has reduced intra-ocular high tension by ephedrine administered by the mouth when no effect was produced on the size of the pupil.

These facts would lead us to suppose that perhaps the ductless glands or the vaso-motor nerves had something to do with stimulating or inhibiting the quantity or changing the quality of the aqueous fluid, or of promoting or retarding its escape through normal channels. This idea has received strong support from Troncoso (*Archives of Ophthalmology*, October 1935) who by using the gonioscope in the living eye, found almost without exception that in the more recent cases of simple glaucoma the angle of drainage was entirely open while only in advanced cases was it found closed.

It is to be hoped that such studies will go on until the problem of glaucoma is solved.

3. TREATMENT

In all cases in the treatment of glaucoma consideration should be given to constitutional conditions although as yet we do not know of any definite underlying cause. One problem often arising is how to choose between medicinal local treatment and operative, in cases of non-inflammatory or simple glaucoma. Before the days of sclerectomy the deliberate choice of myotics in preference to iridectomy was in many cases commendable, owing to the frequent failure of iridectomy to stay the disease. Even yet reliance on myotics may be forced upon the physician by the refusal of the patient to accept an operation. But always there is great danger. The patient may neglect the treatment, or a seeming success may only be temporary. It is pretty nearly certain that all such cases will ultimately be blind if they live long enough.

Many years ago a case presented itself illustrating what may happen. Mr. P., aged 60, came with practical blindness in one eye and periods of smoky vision in the other. Tension was up moderately in both. There was a deep glaucomatous cup in the blind eye, slight in the good eye. Both pupils moderately dilated. Field of the good eye slightly retracted below and nasally. He was given myotics which he used faithfully, reporting every two weeks. Vision remained normal with but little further contraction of the field for ten years, when he had reached the age of 70. At this time he became a victim of Christian Science, refusing all treatment, and in a few months was totally blind.

On the other hand, in those days I performed iridectomy on a number of cases of simple glau-

coma, seemingly technically correct, but can not recall a single case in which the disease was permanently controlled. However, then, as now, in acute or congestive types the results of iridectomy were generally good.

But now, the operative treatment of simple glaucoma offers a more hopeful outlook than then. Various forms of sclerectomy, iridenclysis, etc., have saved many of these formerly hopeless cases. When Major Elliott came to this country in 1913 demonstrating his trephining (sclerectomy) perforation I determined to take it up and have since used it exclusively in simple glaucoma. The purpose, as you know, is to establish drainage from the anterior chamber into the subconjunctival space. This is not the place to discuss the technique of this, or any other operation, other than to say that a successful result depends on following to the letter the technique described by Elliott himself. It is objected to this operation that late infection sometimes follows. This can always be avoided by making the flap thick enough and broad enough. In my experience I have never seen an infection following this operation. Another objection advanced is that if a cataract is present or forms later, the flap over the trephine hole will interfere with its extraction. In the one case of this kind I have had to deal with the corneal incision for the cataract extraction was made to come out in the cornea below the trephine hole and bleb. The healing was uncomplicated, the tension is now normal, and vision 20/40 two years after the operation.

Another problem arises when an advanced case with great loss of vision and a very narrow field presents itself. It has been held that such a case should not have an operation for the reason that complete blindness will follow anyway. But my experience with trephining leads me to a more hopeful prognosis. One success under such circumstances followed my first trephine operation. In November 1913, a woman, aged 38, came with the following history. When twelve years old she had sore eyes. Right eye was totally lost. Left eye nearly useless. When she was fourteen years old the late Dr. T. E. Murrell performed an optical iridectomy on the left eye, resulting in good and useful vision. For eight months previous to coming to me there had been a slow and painless loss of vision. Examination showed a good broad iridectomy coloboma above. All media clear. Tension 35 mm. of mercury, with cupping of the disc. Vision 8/200, field very narrow. In spite of myotics the vision fell to 4/200 in less than three months, and tension remained above normal. On February 5,

1914 a trephine opening was made over the coloboma. On February 26 the tension was normal and vision 6/200. On December 12, 1922, nearly nine years after the operation she retained the same amount of vision. I know of no other operation which could have secured this result.

Of course there will be failures, but the percentage of failure is small. Without operation, simple glaucoma means eventual blindness. Trephining saves a large majority. Perhaps other operations do as much. But we (my son, Dr. E. C. Moulton and I) feel that our experience with the trephine is so uniformly successful that we would not be justified in experimenting with other and possibly more hazardous procedures. An operation which will preserve useful or normal vision, without other treatment, over long periods of time certainly has great merit.

A typical case is, a man aged 50 years, doing clerical work who was trephined in both eyes December 27, 1926. Ten years later he is still doing his usual work with normal vision and normal tension without any further eye treatment.

Another bookkeeper, aged 50 years, who had lost his left eye from chronic glaucoma and had tension of 40 mm. of mercury and vision of 20/40 in his right eye was trephined on October 10, 1929. He is still, six and one half years later, earning his living by keeping books, using no treatment.

A locomotive engineer, whose tension varied from 25 mm. of mercury to 35 mm. of mercury in each eye, and with vision of from 20/20 to 20/40 in each eye, in spite of myotics for some months before operation was trephined in both eyes in the early weeks of 1930. After recovery from the operation he resumed, and still follows five years later, his occupation as locomotive engineer, and remains today with normal vision in his right eye and slightly less than normal in the other, and with normal tension without the use of myotics.

Such cases we know abound in the experience of other ophthalmic surgeons to encourage the use of operative procedures in chronic or simple glaucoma. Whether we shall always have to resort to surgery in the treatment of glaucoma, I do not know. Our understanding of the ductless glands has made wonderful progress, undreamed of a few years ago. It may be that some one will discover what controls the quality and quantity of intra-ocular secretion and excretion, thus pointing the way to better control of hypertension.

CYANOSIS IN INFANCY*

SAM PHILLIPS, M. D.,
Little Rock.

The frequency with which cyanosis of the new-born is encountered constitutes a problem which in the past has received too little attention from the obstetrician, general practitioner and pediatrician. It is difficult to think of any other condition in the realm of pediatrics which can be charged with so many slipshod methods of prevention, inaccuracies of diagnosis and uncertainties of prognosis. It is with a deep realization that something should be done to improve the infant mortality of this state, that I choose to present this problem of cyanosis to you. Understanding the various causes of cyanosis in infants is a beginning to relieve the high mortality figures that stare us in the face, for the cure soon follows the known causative factor.

Of recent years much progress has been made in the methods of treatment, but it is probable that the reputation achieved by these methods has been largely due to the fortunate fact that a large proportion of cyanosed newborn babies recover spontaneously. A correct diagnosis is arrived at with difficulty owing to a combination of factors: the multiplicity of conditions that may produce cyanosis; and the as yet meagre knowledge of the physiology of respiration and circulation of the newborn baby.

Atelectasis

One of the most common causes of cyanosis is atelectasis caused by the plugging of sections of the bronchial tree with aspirated mucus. It lends itself very readily to preventive measures but all too frequently it is ignored. When one considers that the expansion of the alveoli in the newborn baby's lung is accomplished only after the exercise of considerable force and that the dilatation is not complete for two or three days after birth, it is readily seen that any additional impeding factor such as mucus in the bronchial tree may oppose the relief of atelectasis. The actual cause of the cyanosis is not the shunting of blood through the collapsed area; it is simply the interference with the proper entrance of air into the lungs by the occlusion of the bronchi, having the same effect as if one deliberately choked the infant by compression of the trachea with the fingers. The coating of the alveolar epithelium with mucus, preventing the normal interchange of gases between the capillary cir-

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 29, 1936.

culatation and the alveolar air, is probably another factor.

The prevention of cyanosis due to aspiration of mucus should not be a difficult problem. The mistakes made in the past have been:

Delay in attempting to remove the mucus until after the first inspiratory effort of the infant. It should be possible to perform this function as soon as the head is delivered.

The use of coarse gauze to wipe out secretions. Such a procedure is apt to traumatize the child's buccal mucous membrane and also fail to remove mucus below the faucial region.

With extensive atelectasis, cyanosis is a prominent symptom and is usually continuous. The respirations are shallow and irregular, the cry is feeble, the infant is somnolent, the temperature is subnormal. Cough may be present. Convulsions may occur. Occasionally one can percuss out aelectatic areas if much stasis and edema are present. Fine crepitant and crackling rales are heard. In my experience the upper portions of both lobes posteriorly are more frequently affected. The X-ray is useful in the diagnosis of the well marked cases, but cannot differentiate it from a pneumonia. Should microorganisms be present in these airless areas, a pneumonia is almost sure to develop.

Intracranial Hemorrhage

In the diagnosis of this condition, a careful history of the delivery is of great importance. It is most apt to be found in prolonged labor, precipitate labor, in oversized infants delivered by forceps or without forceps, in premature infants, or in those infants delivered by breech extraction. Occassionally it is found in uremic mothers and in those delivered by cesarean section.

Many suggestive symptoms of injury often occur. We may have a incessant whining, high-pitched cry. There is often a refusal or difficulty in making the child nurse. This disturbance of the normal sucking reflex is highly suggestive of intracranial pathology and is also of importance from a prognostic standpoint. There is a rapid and full pulse with strong heart sounds, cyanosis which may be constant or intermittent, irregular, shallow or jerky respiration, twitching of the hands and feet, the baby starting with the slightest stimulus of sound or touch. The response is entirely out of proportion to the stimuli, and there is a markedly exaggerated nervous reflex. These twitchings may increase in number or severity so as to terminate in a true convulsion. We should differentiate this condition, in the

newborn from enlarged thymus, atelectasis, congenital heart disease, pneumonia and diaphragmatic hernia. Enlarged thymus, atelectasis, pneumonia and diaphragmatic hernia may all show abnormal respiration and cyanosis; a roentgenogram will be of great benefit in determining their presence or absence. This laboratory aid is of no great benefit in diagnosing intracranial hemorrhage. Bulging of the anterior fontanel is not common in intracranial hemorrhage, and when present, usually means a large cortical hemorrhage or an active case of hemorrhagic disease of the newborn. The nearest approach to a pathognomonic sign for intracranial hemorrhage would be a bloody spinal fluid. When present, with the other conditions as enumerated taken into account, we can reasonably assume that we have an intracranial hemorrhage.

An accurate prognosis can not be given for the first few days. If the hemorrhage be sub-tentorial, the infant usually succumbs during the first week. If it survives this period, the chance of complete recovery is not as hopeless as has been heretofore believed.

Thymus Gland

Enlarged thymus gland is a popular diagnosis at the present time, but as a cause of cyanosis in the newborn it is infrequent in my experience. It does occur and results are sometimes disastrous unless it is promptly recognized and adequately treated.

Cyanosis due to enlargement of this gland is usually sudden in onset and intermittent in character. In marked cases, some slight cyanosis can be noted in the extremities and about the face while the child is crying. The condition is most likely to occur in large babies, and in babies of elderly primiparae.

The so-called thymic stridor seldom occurs during the neonatal period, but is a common symptom several months later. It is distinctly expiratory, while congenital stridor is definitely inspiratory. Other respiratory symptoms are usually lacking. Noisy respirations are frequent in the newborn, but most of them are due to conditions other than enlargement of the thymus gland. Noisy respirations associated with enlargement of this gland are generally both expiratory and inspiratory and are due to pressure of the gland on the trachea. It has been quite definitely shown that more pressure is exerted during expiration, when the structures ascend in the thoracic cage. The lumen of the trachea is compressed and more kinked in films made during expiration than in those taken during respiration.

Outlining the thymus gland by percussion is a difficult task. The dangerous thymus is the one that shows anteroposterior enlargement, but much doubt exists in my mind if such a gland can be found on percussion. Occasionally one can palpate the mass in the suprasternal notch at the end of expiration when the mediastinal contents ascend in the thoracic cage. Our best method of diagnosis by use of the roentgenray. Both anteroposterior and lateral exposures should be made. It now is generally conceded that the symptoms of enlarged thymus are due to its pressing on the trachea where it enters the thorax thereby narrowing the lumen. The final diagnosis is made from the relief of symptoms following the therapeutic test of X-ray treatment.

Congenital Heart Disease

The cyanosis that accompanies congenital heart disease is a well known phenomenon, but needs to be considered here from a differential diagnostic standpoint. It is a well recognized fact that congenital heart disease may exist without any degree of cyanosis and absence of this symptom offers a better prognosis. Cyanosis may not be present at birth, but gradually occurs as the child grows older. One murmur that is commonly heard is a systolic blow in the third interspace to the left of the sternum. Another is the loud rumbling murmur heard at the base of the heart to the left of the sternum through both cardiac cycles. A thrill is frequently felt.

The cyanosis of congenital heart disease is not always due to congestion but usually to abnormal mixture of venous with arterial blood in such a manner that proper oxygenation of the blood is impossible. It is more or less continuous with periods of exacerbation, especially during crying. The cyanosis is usually general in character, but not infrequently is peripheral only and limited to the ends of the fingers and toes, best observed in the nails. The mucous membrane is usually involved. The child severely cyanosed at birth from cardiac defect, nearly always dies within a few days. If the cyanosis shows a tendency to clear, the prognosis is better. In a good many cases of malformation of the heart, abnormalities occur in other parts of the body. In this regard note the relation between mongolism, cleft palate, club foot, intestinal atresias and congenital heart disease.

Frequent cyanotic attacks are the rule with premature babies. They occur without apparent cause. Respiration may cease for as long as one minute. The respiratory center is less susceptible to the normal amount of CO₂, an excess is

necessary to activate it. An attack may come on following a feeding, the full stomach interfering with the action of the diaphragm.

Narcosis

An important cause of cyanosis in the newborn is narcotization of the mother by morphine. In spite of its obvious importance little or no attention has been given this question. De Lee states that morphine may "pass over to the fetus which may be born completely asphyxiated. He points out that "morphine must be given at such a time that the fetus will have recovered from its effects before it is born. Morphine may be given up to 4 hours before birth, but not from then on until 30 minutes before the delivery." Shute and Davis studied the effect on the infants of morphine administered to the mothers in 320 cases. In 120, the infant showed some narcosis, and in 25 it was considered deep. Ten of the 120 infants died.

The treatment of cyanosis depends on a correct diagnosis, most difficult to determine because of the many etiological factors to be considered. Prevention, as in many conditions in childhood, is to be desired. Initial cyanosis of the newborn is an obstetrical problem and obstetricians are becoming more alert and more concerned about the welfare of the child. Yet much more remains to be accomplished.

The upper air passages must be cleared of mucus, blood and amniotic fluid by gentle suction. This done carbon dioxide, 5 or 10% with 90% oxygen, may be gently insufflated into the lungs at intervals. Anyone who has watched this gentle and skillful method of establishing respiration in the newborn cannot help but be impressed and wonder why the old barbarous methods were so long tolerated. Such inhalations should be repeated at intervals during the first few days. Atelectasis can thus be prevented and cured. These infants should have frequent change of position. Gentle cutaneous stimulation will cause crying and deeper breathing. Circulatory stimulants are valuable in preventing congestion. Alpha-lobelin seems to be useful though its action on the respiratory center appears quite fleeting. External heat should be applied. Careful feeding done by dropper or tube is required. The Drinker respirator is useful to start respiration but is not applicable afterward as it is practically impossible to synchronize its action with the child's own attempts at breathing.

Cases in which cyanosis appears later need careful observation and study. Is the cyanosis mild or deep? Is it intermittent or continuous? Does it come on suddenly or gradually and is it

accompanied by other respiratory signs; Does cyanosis have any relation to feeding or to vomiting?

A careful history of the labor, type of delivery, methods of resuscitation, sucking reflex and swallowing reflex, kind of cry, general attitude and whether convulsions or muscular twitchings have occurred, are important points in making a diagnosis of intracranial hemorrhage. A diagnostic lumbar or cisternal puncture should be attempted with caution. Reduction of intracranial pressure is valuable in relieving respiratory distress.

Little can be done for congenital heart disease except to relieve the associated atelectasis by carbon dioxide and oxygen. X-ray treatment of an enlarged thymus is valuable. Relief of convulsions of obscure origin by sedatives is indicated. Adequate fluid and food intake is necessary to prevent dehydration.

RESOLUTION

Whereas, God in his infinite wisdom has suddenly snatched from our midst our friend and colleague, Dr. Gordon Hastings, and

Whereas, Dr. Hastings was endeared to us by his genial personality, his kindliness, and charitable nature while in El Dorado and Union County. Not only did his traits of character appeal to us and make us desire to emulate them, but we shall ever remember his medical skill. He was ethical in his dealings with other physicians and was a friend to all who knew him. He was not only a leading man in his profession but was one of our best citizens.

Therefore, Be it resolved that the Union County Medical Society in session assembled express our appreciation for the noble work that Dr. Hastings has done among us; and that we recommend to the members of the society that they follow the high ethical standards which Dr. Hastings unflinching followed; and

Be it further resolved that we express our sympathy to Mrs. Gordon Hastings and the father and mother, Mr. and Mrs. Fitzhugh Hastings, for their irreparable loss; and that a copy be sent to Mrs. Gordon Hastings; that a copy be sent to Mr. and Mrs. Fitzhugh Hastings; that a copy be spread on the minutes of the society and that a copy be sent to the press.

J. A. MOORE, M. D.

D. E. WHITE, M. D.

L. L. PURIFOY, M. D.

COMING MEDICAL MEETINGS.

Southern Medical Association, Baltimore, November 17-20th.

President's Night, Pulaski County Medical Society, Little Rock, November 23rd.

Ninth Councilor District Medical Society, Harrison, December 1st.

Arkansas Medical Society, Little Rock, April 12, 13, 14, 1937.

American Medical Association, Atlantic City, June 7-11, 1937.

TREATMENT OF MALARIA: A REVIEW OF THE LITERATURE

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State Health Officer

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Little Rock.

Malaria is found existing in three forms; tertian, estivo-autumnal and quartan. The latter is quite uncommon in Arkansas. A combination of these types may be found in a single person. It is not unknown to discover an individual harboring both tertian and estivo-autumnal parasites and to observe a double tertian infection is indeed common. Quartan malaria is caused by *plasmodium malariae*; Tertian (benign tertian) malaria is caused by *P. vivax*; Estivo-autumnal (sub or malignant tertian) by *P. falciparum*. The disease is transmitted primarily by an intermediate host, the Anopheline mosquito. Common species found in this country are *Anopheles punctipennis*; *A. crucians* and *A. quadrimaculatus*. The latter species is, no doubt, of greatest importance.

The malaria parasite (*Plasmodium*) in its development goes through a sexual and an asexual cycle. The sexual cycle take place in the mosquito and the asexual cycle in man. Some parasites in man undergo sexual development (gametes) and await transfer to the mosquito. After a mosquito feeds upon the infected human, she destroys all asexual parasites (schizonts) which are in preponderance and gives the sexual parasites her entire attention.

The gametocytes and crescents (sexual parasites) are thus aberrant forms in the human host and when transmitted to the mosquito serve as the responsible agent in perpetuating the disease. Our attention should be directed to the human subject who harbors sexual parasites in his blood. He may show no evidence of infection but as a "carrier" is a menace to the public health. The asexual parasites responsible for toxic and febrile reactions are destroyed as a rule quite readily when adequate doses of quinine are administered. The aberrant sexual parasites are quite resistant to ordinary treatment. Bass believes that both sexual and asexual parasites can be destroyed if quinine be given in adequate doses over a sufficient period of time. Quinine is not well tolerated by hypersensitive individuals. It oftentimes produces weakness, dizziness, tinnitus aurium, deafness, urticaria, lowered vitality and other undesirable side actions.

* Deceased.

As it appears to affect only the asexual parasites, other specific drugs have constantly been sought¹⁰.

Plasmochin has been given a thorough trial in the past few years and can be highly recommended. It has a definite action on gametocytes. The sexual forms are prone to exist in spite of thorough quinine treatment. Brosius¹⁰ states that quinine will destroy asexual parasites to which symptoms are mainly due. Plasmochin has a specific action on gametocytes or sexual parasites. A combination of the two drugs is indicated. Andrews¹⁵ reports the absence of toxic symptoms in her series of cases treated with Quino Plasmochin. Ejercito¹² reports that the compound is better tolerated by the subjects than is quinine and that it had no ill effects in a case of pregnancy. He concludes that it is an effective remedy in the treatment of malaria. Krauss²⁰, of Memphis, states: "... only plasmochin can affect gametes and thus prevent transmission." Cordes²¹ states: "We find that plasmochin and plasmochin compound are especially efficacious in the management of gametic carriers. The parasites disappeared in all of our cases by the end of the fifth day. Bass⁹ states: "Plasmochin has a definite effect on clinical malaria and both clinical and parasitic cures may be accomplished with it alone." Krauss⁸ states: "The effect of plasmochin on the parasites intracellular, as well as mature gametes, is striking. It will doubtless be used when quinine is contraindicated." Barber, Komp and Neumann⁵ state: "It is well to employ caution in giving plasmochin . . . " "The risk of by-effects, however, would be outbalanced by malaria danger." ⁷ No untoward results were found in a series of 56 cases given plasmochin in small doses by Green. He administered .04 gram of plasmochin daily to adults with estivo-autumnal malaria.

It must be concluded that plasmochin is of definite value in the treatment of malaria, especially in sterilizing the blood stream of the sexual parasites (gametes.) The dosage as advocated today has been adequately worked out and there is obviously a wide margin of safety between the therapeutic and toxic dose. When used in combination with quinine both sexual and asexual parasites are destroyed.

Atabrine is a bright yellow powder, readily soluble in water and synthetically prepared. It is bitter to the taste though easily administered. Its chemical formula is no secret and is displayed on every package of the product. Atabrine has been extensively used in malaria infested countries of Europe and South America¹⁷. At

present its use in this country is rapidly growing. It gives promise of replacing quinine. Reports¹ of its use by the United Fruit Company are favorable. It is routinely given in doses of 1 1-2 grains (0.1 gram) three times daily for five days. Children under four are given one tablet (1 1-2 grains) daily for five days; children over four years two tablets per day for five days; over eight, three tablets per day for five days. Atabrine is effective in destroying both sexual and asexual parasites in tertian and quartan malaria. In estivo-autumnal malaria it has no effect on the sexual parasites. These latter parasites are likewise resistant to quinine though readily destroyed by plasmochin. A combination of atabrine and plasmochin would seem indicated in cases of subtertian (E. A.) malaria. The usual five day course of atabrine should be followed by plasmochin tablets 0.01 grams (1-6 grain) three times daily for five days.

The relapse rate in tertian and quartan malaria has been greatly reduced with atabrine alone. Blood smears are usually made negative in two or three days. The drug is easy to administer, and the only untoward effect is the occasional abdominal distress encountered when used in combination with plasmochin¹. According to Morrow ¹ who treated 53 cases, no recurrences were found. In 3 of his cases after five days clinical symptoms persisted and 30 to 40 grains of quinine were supplemented daily which resulted in immediate improvement. In quartan and tertian malaria the temperature often becomes normal in an average of 2 1-2 days, and parasites disappear from the blood stream in two or three days. Miller states that atabrine will destroy both sexual and asexual parasites in tertian and quartan malaria in from four to five days. He reports that it causes none of the subjective discomforts of quinine and people sensitive to quinine take atabrine with impunity¹⁷. The duration of treatment is much shorter than when quinine is used—being reduced from weeks to days. Appelbaum and Gelfanda ¹² of Bellvue Hospital administered atabrine to drug addicts all of whom artificially acquired malaria while sharing injections with other addicts. Three of their cases were given atabrine after intravenous quinine had failed. They reported a rapid improvement in all cases. In their series the response to treatment was prompt and within 24 to 48 hours the temperature dropped to normal, and within four days blood smears failed to show schizonts (asexual parasites.)

Atabrine fails to destroy the gametocytes, or crescents, of estivo-autumnal malaria¹². This is

a constant observation and justifies its 5 day follow-up with plasmochin using .01 gram (1-6 grain) t. id. No untoward results¹⁶ from the use of atabrine are reported except occasional, yellowish, transient discoloration of the skin which is obviously unassociated with kidney or liver functions. There is a wide range of safety between therapeutic and toxic doses¹⁶. Gametes did not disappear in 59 cases of estivo-autumnal malaria treated with atabrine by Neumann of the United Fruit Company. In these cases plasmochin was supplemented with favorable results¹⁶. The claims of the discoverers of atabrine are especially its effective action on the schizonts (asexual) of all types of malaria, low toxicity, wide margin of safety, rapid absorption, relatively slow excretion, and no deleterious action of the drug on any part, or organ of the body except yellow coloring of the skin and tissues (except sclera) when large quantities are taken¹⁶. Relapses are infrequent when atabrine is used. There is often marked improvement in a few hours after the first dose. The relapse rate is given as about 10%, whereas in quinine treatment the relapse is from 40% to 60%. No unpleasant symptoms attributable to the drug are noted during treatment with atabrine^{16,2}.

Conclusion. Upon studying the limited amount of literature on the subject it is obvious that atabrine is a safe and reliable remedy for the treatment of tertian and quartan malaria. It rapidly destroys both forms of parasites and shortens the period of illness from weeks to days. In estivo-autumnal malaria the schizonts are destroyed by atabrine, though the gametocytes are not affected. A 5 day follow-up treatment with plasmochin (1-6 gram t. id.) seems indicated. The treatment of malaria with atabrine is relatively inexpensive. No alarming side effects are reported and no contraindications to its use have been reviewed in the literature. The relapse rate as compared with quinine therapy is much in favor of atabrine.

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POSITIONS FOR DOCTORS WITH THE CIVILIAN CONSERVATION CORPS ACTIVITY

At the present time there are quite a number of positions available with the Civilian Conservation Corps activity in the Seventh Corps Area for young men of the medical profession. Doctors having appointments in the Medical Corps Reserve of the Army and Navy may be ordered to duty under their commissions. Those who are not members of the Reserve Corps may be given appointments or they can be employed on a contract basis.

These positions offer the young physician an opportunity to get started in his profession and after a short time his own private practice. Such training will give the medical profession a better insight on the manner of evacuating and caring for the sick and injured in a national emergency.

Those interested in obtaining positions as medical officers with the Civilian Conservation Corps may communicate with the CCC Surgeon, Headquarters Seventh Corps Area, Federal Building, Omaha, Nebraska.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The next written examinations and review of case histories of Group B applicants by the American Board of Obstetrics and Gynecology will be held in the various cities in the United States and Canada on Saturday, November 7, 1936, and on Saturday, March 6, 1937.

The next general examination for all candidates (Groups A and B) will be held in Atlantic City, N. J., on June 8 and 9, 1937.

Application blanks and booklets of information may be obtained from Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh (6), Pennsylvania. Applications for these examinations must be filed in the Secretary's office not later than sixty days prior to the scheduled date of examination.

THE JOURNAL

OF THE

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EDITORIAL

MEMBERSHIP

This issue of The Journal contains the membership roster, listing every physician who has qualified for membership by payment of the annual assessment through his county society. There is a slight loss over the 1935 figure, a loss which could easily be changed to a gain if a number of physicians well able to pay the assessment would make the lot of the respective county society secretaries an easier one by mailing in a check. For some unaccountable reason, other physicians, whom we feel are well aware of the benefits of organized medicine, remain outside the Society. Insofar as the records of the state secretary reflect, there has been no loss in membership because the annual assessment has been raised. True, there have been some complaints, and in some instances, memberships have not been continued for this reason. Yet, these constitute an infinitesimal fraction of our membership. Membership in organized medicine, to which he furnishes cordial and whole-hearted cooperation, remains the private practitioner's sole bulwark against the harmful influence and actions of critics, selfish promoters and irresponsible reformers. Enthusiastic loyalty and support of your medical organization is only a fair price to pay for the protection you receive.

HOSPITAL SERVICE OF THE VETERANS ADMINISTRATION

Certain figures in an article by Dr. Chas. M. Griffith, Medical Director, Veterans Administration, as published in The Military Surgeon for October, 1936, are worthy of thought by every private practitioner in the United States. In 1925, approximately 17 per cent of the hospital admissions to Veterans Administration Facilities were patients with non-service connected disabilities; in 1926, they constituted 34 per cent; in 1927, 49 per cent, and in 1935, the figure was approximately 88 per cent. Since June 7, 1924, when hospitalization was first authorized for the veterans of all wars without regard to the origin of their disabilities, 66 per cent of all admissions have been for such non-service connected disabilities. It is obvious that the number of non-service connected admissions is rapidly increasing and we may expect these admissions to constitute practically the entire load within a few years. The provisions of the law are quite liberal, but we cannot determine how even these provisions can legally provide for the admission of

a number of individuals during recent years, whose financial status would seem to be well above that which the Appropriation Act of March 18, 1934, sets forth as a requirement. This Act entitles veterans to hospital or domiciliary care who give evidence of disabilities, diseases or defects, irrespective of whether they are due to military service, provided the applicant for such benefits states under oath that he is unable to defray the necessary expenses for his hospital care and incidental transportation.

United States Statutes place a rather high penalty upon false statements; we wonder if any investigation has ever been made of these sworn applications for admission.

EDITORIAL COMMENT

REFRESHER COURSES IN OBSTETRICS

Plans are being made for the refresher courses in obstetrics to be given in Arkansas by the Children's Bureau, Department of Labor, in cooperation with the State Board of Health and the Arkansas Medical Society. Dr. M. Edward Davis, Associate Professor of Obstetrics and Gynecology at the University of Chicago Medical School and Attending Obstetrician to the Chicago Lying-in Hospital will be the guest speaker. The courses will be conducted in the following cities: Monticello, Hope, Conway, Jonesboro, Harrison and Fort Smith. Lectures will be conducted daily, most probably for two-hour periods, and will continue at each center for one week. Similar courses have now been conducted in several states and have met with an enthusiastic reception by the physicians in attendance. Only licensed physicians may attend but there are no fees or expenses in connections with such attendance. Dates for the courses are January fourth through January twenty-second and February eighth through February twenty-sixth. Full details of the lectures, dates, places of meeting, etc., will be subsequently announced in The Journal as well as by direct mail announcement to all physicians in Arkansas.

POSTGRADUATE STUDY

The Committee on Postgraduate Study may well be proud of the interest which was shown in the first two-day course, held at the University of Arkansas School of Medicine, September 30th and October 1st. Over 150 physicians were in attendance and comment on the instruction was most favorable. Drs. Russell Cecil and George Carlisle were guest speakers, speaking on pneumonia and disease of the heart,

respectively. The cooperation of the Little Rock physicians contributed to well-rounded programs on each day. The second course will be held during January and will be devoted to fractures and gastro-intestinal diseases. Details of this course will appear in the January Journal.

ADVERTISING

Recently a salesman called on us carrying his stock of surgical instruments and supplies with him, offering delivery in our office. We know nothing of the quality of his merchandise, not having inspected it, nor are we acquainted with the reliability of his firm. We do know, however, that we owe our surgical supply advertisers who help make possible the publication of The Journal reciprocity to the degree that we patronize them, other things being equal. We so advised this salesman and were a bit crestfallen when he told us that in his travels over the state, he had not met with this cooperation from a single other physician. We feel that as a matter of sound business, members of the Arkansas Medical Society should invariably patronize Journal advertisers if this is at all possible. Our advertisers have shown the commendable desire to work with us in the publication of our official Journal; without their assistance, The Journal could not be printed. Nonadvertisers are apparently not similarly interested in our activities. As a matter of fair play, will you help us to give you a better Journal by establishing a policy of buying from our advertisers?

OBITUARY

EDMOND L. HATHCOCK, aged 72, of Locust Grove, died in a Camden hospital September 25th. A graduate of the Memphis Hospital Medical College in 1900, Dr. Hathcock had practiced medicine in Calhoun county for many years. Surviving relatives are his wife and two daughters.

JAMES D. McKIE, aged 84 years, was killed a short distance from his home at Vann Dale October 14th, being struck by a freight train as he crossed the tracks. Dr. McKie was a native of Mississippi and graduated from the University of Louisville School of Medicine in 1876. He had practiced in Cross County for many years and was the oldest resident of his section. Failing health had forced him to retire from practice several years ago. Surviving relatives are two grandchildren.

MEMBERSHIP ROSTER OF THE ARKANSAS MEDICAL SOCIETY—1936

ARKANSAS COUNTY

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 Drennen, S. A. Stuttgart
 Fowler, Arthur Humphrey
 John, Milton Stuttgart
 John, M. C., Jr. Stuttgart
 Lumsden, C. A. DeWitt
 Rasco, C. W. DeWitt
 Rasco, C. W., Jr. DeWitt
 Swindler, E. B. Stuttgart
 Whitehead, R. H. DeWitt
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 Spivey, C. E. Crossett
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 Wood, J. T. Crossett

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 Mooney, L. M. Mountain Home
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 McNeil, C. L. Rogers
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 Pickens, W. A. Bentonville
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 Wilson, C. S. Siloam Springs

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 Fowler, J. H. Harrison
 Fowler, T. P. Harrison
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 Jackson, Ulys Harrison
 Johnson, J. J. Harrison
 Kirby, H. V. Harrison
 McCoy, O. B. Harrison
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 Owens, D. L. Harrison
 Poynor, W. H. Harrison
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 Weast, L. M. Yellville

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 *Fike, W. T. Warren
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 Hunt, W. J. Warren
 Martin, C. N. Warren
 Martin, Rufus Warren
 Reasons, W. B. Hermitage
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 Slusser, C. W. Green Forest
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 Easterling, W. D. Lake Village
 Easterling, W. W. Lake Village
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 McGehee, E. P. Lake Village
 Schwarz, W. J. Lake Village
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 Ross, T. T. Little Rock
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 Custer, B. H. North Little Rock
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 Latimer, N. J. Corning
 McGuire, J. E. Piggott
 Richardson, M. C. Corning

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 Matthews, J. T. Heber Springs

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 Hancock, W. G. Rison
 Harris, Sidney Herbine

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 Carrington, H. K. Magnolia
 Cooksey, W. P. Ma_nolia
 Horn, W. H. Taylor
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 Jordan, T. S. Magnolia
 Kitchens, H. M. Waldo
 McLeod, G. F. Magnolia
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 Halbrook, J. F. Plummerville
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 Holloway, W. R. Center Ridge
 Matthews, E. L. Morrilton
 Matthews, J. M. Morrilton
 Mobley, H. E. Morrilton
 Scarlett, W. P. Morrilton
 Smith, W. Meyers Morrilton

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 Altman, J. T. Jonesboro
 Atkinson, O. L. Hickory Ridge
 Baird, J. L. Marked Tree
 Barrett, E. R. Jonesboro

Barrett, R. M. Black Oak
 Bates, C. A. Lake City
 Berry, W. E. Trumann
 Burge, H. G. Nettleton
 Cohen, O. T. Jonesboro
 Elders, J. W. Harrisburg
 Ellis, Ira W. Monette
 Haltom, W. C. Jonesboro
 Horner, E. J. Jonesboro
 Jernigan, R. M. Jonesboro
 Jones, J. K. Lepanto
 Lutterloh, P. W. Jonesboro
 McAdams, H. H. Cord
 McCurry, J. H. Cash
 McDaniel, L. H. Tyroneza
 Nisbett, Frank Brookland
 Overstreet, W. C. Jonesboro
 Pierce, J. O. Marked Tree
 Ramsey, J. W. Jonesboro
 Ratliff, R. W. Jonesboro
 Reagan, C. H. Marked Tree
 Shanlever, R. C. Jonesboro
 Sloan, R. M. Jonesboro
 Stroud, E. J. Jonesboro
 Stroud, H. A. Jonesboro
 Thorn, W. T. Monette
 Tullos, A. M. Trumann
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 Crigler, J. R. Alma
 Dibrrell, M. S. Van Buren
 Engler, F. G. Mountainburg
 Galloway, Q. R. Alma
 Kirkland, S. D. Van Buren
 Kirksey, O. J. Mulberry
 Savary, H. W. Van Buren
 Stewart, J. M. Van Buren
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 Griffin, W. L. Cherry Valley
 Longest, Ruffin Wynne
 Miller, J. S. Parkin
 *McKie, J. D. Vanndale
 Peterson, T. A. Wynne
 Smith, R. S. Parkin
 Stewart, T. J. Wynne
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 Dickens, R. D. Monticello
 Gates, S. M. Monticello
 Pope, M. Y. Monticello
 Price, J. P. Monticello
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 Wilson, J. S. Monticello

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† Membership equals or exceeds that of 1935.

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Brooke, H. C.	Conway
Dawson, R. L.	Wooster
Dickerson, C. H.	Conway
Downs, J. H.	Vilonia
Dunaway, L. S.	Conway
Fraser, N. E.	Conway
Glover, A. J.	Guy
Harrod, George	Conway
Hassell, L. L.	Hebron, Nebraska
Henderson, G. L.	Conway
Kitley, J. R.	Mayflower
Lieblong, J. S.	Greenbrier
Mabry, Tom	Vilonia
McCollum, I. N.	Conway
McDonald, W. T.	Vilonia
Smith, M. T.	Conway
Taylor, R. L.	Conway
Westerfield, J. S.	Conway

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Bollinger, W. H.	Charleston
Douglass, Thos.	Ozark
Gibbons, W. H.	Ozark
Porter, W. C.	Ozark
Post, J. L.	Altus

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Blackshare, W. M.	Hot Springs
Bollmeier, L. N.	Hot Springs
Boydstone, J. O.	Hot Springs
Brewer, Howell	Hot Springs
Browne, Paul Z.	Hot Springs
Browning, E. R.	Hot Springs
Burch, N. B.	Hot Springs
Casada, B. F.	Hot Springs
Chamberlain, W. W.	Hot Springs
Chesnutt, J. H.	Hot Springs
Clardy, Floyd	Hot Springs
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Conneil, W. H.	Hot Springs
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Ellis, L. R.	Hot Springs
Fletcher, Geo. B.	Hot Springs
Garratt, C. E.	Hot Springs
Gray, W. E.	Hot Springs
Hebert, G. A.	Hot Springs
Jarrell, Foster	Hot Springs
King, L. E.	Hot Springs
King, O. H.	Hot Springs
Klugh, W. G.	Hot Springs
Knoefel, W. R.	Hot Springs
Lautman, M. F.	Hot Springs
Laws, W. V.	Hot Springs
Lee, D. C.	Hot Springs
Lutterloh, C. H.	Hot Springs
MacLaughlin, O. J.	Hot Springs
Martin, Louie	Hot Springs
McKenzie, E. M.	Hot Springs
Merritt, J. F.	Hot Springs
Moss, C. S.	Hot Springs
Nims, C. H.	Hot Springs
Pate, C. N.	Hot Springs
Porter, W. F.	Hot Springs
Power, Allyn	Hot Springs
Preston, H. H.	Hot Springs
Proctor, J. M.	Hot Springs
Purdum, E. A.	Hot Springs
Rowland, J. F.	Hot Springs
Sanders, T. E.	Hot Springs
Scott, Jett	Hot Springs
Scully, F. J.	Hot Springs
Shaw, Ernest	Hot Springs
Shaw, J. B.	Hot Springs
Short, Z. N.	Hot Springs
Smith, Euclid	Hot Springs
Smith, O. A.	Hot Springs
Smith, W. K.	Hot Springs
Steele, S. B.	Hot Springs
Stell, J. S.	Hot Springs
Stough, D. B.	Hot Springs
Strachan, J. B.	Hot Springs
Sullivan, A. G.	Hot Springs
Tarleton, F. S.	Hot Springs
Tribble, A. H.	Hot Springs
Wade, H. K.	Hot Springs
Waldrop, J. G.	Hot Springs
Wenger, O. C.	Hot Springs
Wilkins, J. S.	Hot Springs
Williams, J. W.	Hot Springs
Wootton, W. T.	Hot Springs
Wright, H. K.	Hot Springs

GRANT COUNTY†

Cole, C. F.	Prattville
Cox, J. E.	Leola
Hope, O. W.	Sheridan
Kelly, Miles F.	Sheridan
Kelly, O. R.	Sheridan
Paxton, R. L.	Sheridan

GREENE COUNTY

Blackwood, J. D.	Jonesboro
Bridges, G. P.	Paragould
Cupp, R. W.	Beech Grove
Dittman, J. A.	Paragould
Ellington, W. E.	Paragould
Haley, R. J.	Paragould
Hardesty, C. A.	Paragould
Huddins, J. J.	Paragould
Hutcherson, R. L.	Delaplane
Lamb, J. H.	Paragould
Majors, W. M.	Paragould
*Scott, F. M.	Paragould
Self, G. S.	Paragould

HEMPSTEAD COUNTY

Allison, W. G.	Hope
Autrey, J. R.	Columbus
Cannon, G. E.	Hope
Carrigan, P. B.	Hope
Darnail, H. H.	Columbus
Gentry, J. E.	McCaskill
Lile, L. M.	Hope
Martindale, J. G.	Hope
McDonald, T. L.	Hope
McKenzie, J. M.	Hope
Robins, R. R.	Hope
Robins, W. F.	Ozan
Smith, Don	Hope
Weaver, J. H.	Hope

HOT SPRING COUNTY†

Barrier, W. F.	Malvern
Brown, H. L.	Malvern
Hodges, W. G.	Malvern
McCray, E. H.	Malvern
Norton, J. M.	Donaldson
Sizemore, Paul	DeQueen
Williams, J. M.	Malvern

HOWARD-PIKE COUNTY

Alford, T. F.	Murfreesboro
Burleson, J. J.	Antoine
Dildy, E. V.	Nashville
Duncan, M. D.	Murfreesboro
Gibson, W. M.	Nashville
Gould, W. B.	Glenwood
Holcombe, J. T.	Mineral Springs
Holt, H. H.	Nashville
Hopkins, J. S.	Nashville
Roberts, J. L.	Nashville
Stebbins, N. I.	Nashville
Toland, W. H.	Nashville
Wood, R. L.	Delight

INDEPENDENCE COUNTY†

Bone, O. L.	Newark
Brown, H. H.	Walnut Grove
Churchill, C. A.	Batesville
Copp, Noel	Calico Rock
Craig, M. S.	Batesville
Estes, W. H.	Cushman
Evants, L. T.	Batesville
Gray, C. C.	Batesville
Gray, F. A.	Batesville
Harris, C. L.	Melbourne
Hinkle, C. G.	Batesville
Hooper, J. M.	Batesville
Huskey, I. M.	Cave City
Jeffery, Paul	Bethesda
Johnston, O. J. T.	Batesville
Jones, S. S.	Calico Rock
Laman, G. T.	Cave City
McAdams, V. D.	Cord
Roberts, E. S.	Dayton, Ohio
Robertson, S. N.	Sulphur Rock
Smith, J. D.	Violet Hill
Smith, J. H.	Oxford
Smith, R. L.	Melbourne
Woods, O. S.	Salem

JACKSON COUNTY†

Best, A. L.	Newport
Causey, G. A.	Swifton
Elton, A. M.	Newport
Erwin, I. H.	Newport
Gray, C. R.	Newport
Harris, M. L.	Newport
Ivy, J. B.	Tuckerman

Jamison, O. A.	Tuckerman
Kimberlin, K. K.	Tuckerman
Norris, R. O.	Tuckerman
Owens, M. B.	Newport
Pierce, W. E.	Tupelo
Stephens, G. K.	Newport
Walker, H. O.	Newport
Watson, E. L.	Newport

JEFFERSON COUNTY

Beard, J. C.	Pine Bluff
Blackwell, O. G.	Pine Bluff
Bruce, W. H.	Pine Bluff
Capel, C. B.	Pine Bluff
Capel, H. T.	Pine Bluff
Caruthers, C. K.	Pine Bluff
Causey, H. A.	Pine Bluff
Chavis, W. M.	Pine Bluff
Clark, O. W.	Pine Bluff
Cunningham, T. J.	Pine Bluff
Gill, J. F.	Pine Bluff
Gurney, J. O.	Pine Bluff
Hankison, O. C.	Pine Bluff
Higinbotham, C. J.	Pine Bluff
Hughes, A. A.	Pine Bluff
Jenkins, J. S.	Pine Bluff
John, J. W.	Pine Bluff
Lemons, J. M.	Pine Bluff
Lowe, W. T.	Pine Bluff
Luck, B. D., Jr.	Pine Bluff
Luck, B. D., Sr.	Pine Bluff
Maynard, R. E.	Pine Bluff
McMullen, E. C.	Pine Bluff
Palmer, J. T.	Pine Bluff
Payne, Virgil	Pine Bluff
Pittman, W. G.	Pine Bluff
Scales, J. W.	Pine Bluff
Shelton, M. A.	Wabbaseka
Simmons, W. H.	Pine Bluff
Spillyards, J. S.	Pine Bluff
Troupe, A. W.	Pine Bluff
Woods, R. P.	Altheimer

JOHNSON COUNTY

Barger, M. I.	Lamar
*Boen, A. L.	Knoxville
Burgess, M. E.	Oraibi, Arizona
Graves, S. M.	Mt. Levi
Hardgrave, G. L.	Clarksville
Hunt, E. H.	Clarksville
Hunt, W. R.	Clarksville
Kolb, J. M.	Clarksville
Kolb, J. S.	Clarksville
Pierce, S. C.	Hartman
Pillstrom, E. W.	Coal Hill
Siegel, G. R.	Clarksville

LAFAYETTE COUNTY

Baker, F. E.	Stamps
Keith, A. W.	Stamps
McKnight, J. F.	Bradley
Youmans, F. W.	Lewisville

LAWRENCE COUNTY†

Atkinson, Gean	Manila
Atkinson, George	Manila
Ball, C. C.	Ravenden
Blaine, Mitchell	Mammoth Spring
Brown, W. W.	Williford
Cruse, E. J.	Black Rock
Felts, J. W.	Alicia
Gibson, E. L.	Alicia
Guthrie, T. C.	Smithville
Hardaway, J. E.	Lynn
Hatcher, W. W.	Imboden
Henderson, A. G.	Imboden
Hughes, J. C.	Hoxie
Hukill, O. K.	Hot Springs
Hull, H. B.	Mammoth Spring
Hundley, L. K.	Hardy
Johnston, Wm.	Hardy
Kendall, W. S.	Strawberry
McCarroll, H. R.	Walnut Ridge
Merrell, J. L.	Walnut Ridge
Neece, T. C.	Walnut Ridge
Poindexter, J. C.	Imboden
Tibbels, Chas. D.	Black Rock
Tibbels, Wm. O.	Evening Shade
Watkins, G. M.	Walnut Ridge

LEE COUNTY

Bean, W. B.	Marianna
*Beaty, W. S.	Poplar Grove
Bogart, H. D.	Marianna
Chaffin, C. W.	Moro
Crawford, W. S.	Marianna
Hodge, N. C.	Marianna
White, H. L.	Rondo
Williamson, O. L.	Marianna

LINCOLN COUNTY

Dixon, C. W.	Gould
Johnson, R. L.	Grady
*Russell, M. H.	Star City
Tarver, Vernon	Star City
Thiolliere, A. C.	North Little Rock
Wood, G. C.	Grady

LITTLE RIVER COUNTY†

Castile, Herman	Foreman
Harding, C. A.	Ashdown
King, E. R.	Ashdown
Phillips, P. H.	Ashdown
Ringgold, J. W.	Ashdown
York, W. W.	Ashdown

LONOKE COUNTY

Beaty, S. S.	England
Benton, T. E.	Lonoke
Brewer, J. F.	Kerrs
Callahan, E. A.	Carlisle
Corn, F. A., Jr.	Lonoke
Crowgey, W. B.	Scott
Ellis, C. S.	Lonoke
Harris, E. H.	Coy
Lewis, John W.	Keo
Utley, F. E.	Cabot
Ward, O. D.	England
Watson, Asa C.	England
Wells, J. B.	Scott

MADISON COUNTY†

Beeby, Chas.	Huntsville
Counts, Geo. D.	Wesley
Dixon, C. B.	Kingston
Hill, N. J.	Hindsville
Walker, J. F.	Delaney
Youngblood, Fred	Huntsville

MILLER COUNTY *

Collom, S. A., Jr.	Texarkana
Dale, R. R.	Texarkana
Daniel, N. B.	Texarkana
Fuller, T. E.	Texarkana
Hibbitts, Wm.	Texarkana
Hunt, Preston	Texarkana
Kirkpatrick, R. R.	Texarkana
Kittrell, T. F.	Texarkana
Kosminsky, L. J.	Texarkana
Lanier, L. H.	Texarkana
Laws, C. S.	Texarkana
Lee, A. G.	Texarkana
Longino, H. E.	Texarkana
Mann, Albert H.	Texarkana
Middleton, B. C.	Texarkana
Murry, H. E.	Texarkana
Priest, Perry	Texarkana
Robins, R. R.	Texarkana
Smith, W. D.	Texarkana
Williams, J. F.	Texarkana

MISSISSIPPI COUNTY†

Boyd, D. L.	Blytheville
Campbell, J. H.	Joiner
Cantrell, M. L.	Luxora
Cox, E. H.	Wilson
Ellis, N. B.	Wilson
Grimmett, W. A.	Blytheville
Harwell, C. M.	Osceola
Hosey, N. R.	Joiner
Hubener, L. L.	Dyess
Hudson, Thos. F.	Luxora
Husband, F. L.	Blytheville
Hutchins, W. P.	Manila
Johnson, I. R.	Blytheville
Johnson, R. L.	Bassett
Luckett, J. A.	Dell
Massey, L. D.	Osceola
Owen, W. M.	Armored
Polk, J. T.	Keiser
Saliba, J. A.	Blytheville
Sheddan, W. J.	Osceola
Sims, H. C.	Blytheville
Smith, F. D.	Blytheville
Stevens, C. C.	Blytheville
Tidwell, J. L.	Dell
Tipton, P. L.	Blytheville
Usrey, M. O.	Blytheville
Washburn, A. M.	Blytheville
Webb, Floyd	Blytheville
Wilson, C. E.	Blytheville

MONROE COUNTY

Boswell, W. L.	Clarendon
Bradley, W. T.	Blackton
Dalton, M. L.	Brinkley
Henry, C. A.	State Sanatorium
Martin, W. H.	Holly Grove
McKnight, C. H.	Brinkley
McKnight, E. D.	Brinkley

Murphey, N. E.	Clarendon
Terry, P. E.	Holly Grove

MONTGOMERY COUNTY†

Freeman, W. D.	Mt. Ida
McLean, J. H.	Caddo Gap
Robbins, J. D.	Mt. Ida

NEVADA COUNTY†

Buchanan, A. S.	Prescott
*Chastain, J. S.	Prescott
Dickey, A. B.	State Sanatorium
Heslerly, J. B.	Prescott
Heslerly, S. J.	Prescott
Hirst, O. G.	Prescott
Shell, E. E.	Prescott

OUACHITA COUNTY†

Byrd, E. H.	Camden
Byrd, E. J.	Bearden
Clemens, J. P.	Mt. Holly
Early, C. S.	Camden
*Hathcock, E. L.	Bearden
Hollingsworth, G. F.	Hampton
Jameson, J. B.	Camden
Kennerly, R. C.	Camden
McGill, S. D.	Camden
Partee, N. G.	Stephens
Plunkett, C. M.	Elliott
Powell, B. V.	Camden
Purifoy, W. A.	Chidester
Rhine, T. E.	Thornton
Rinehart, J. S.	Camden
Ritchie, C. E.	Stephens
Robins, R. B.	Camden
Rushing, J. L.	Chidester
Sanders, G. P.	Stephens
Smythe, C. H.	Glenwood
Thompson, H. F.	Bearden
Thompson, S. A.	Camden
Word, N. S.	Camden

PHILLIPS COUNTY†

Baker, J. P.	West Helena
Brown, E. T.	Marvell
Bruce, W. B.	Marvell
Butts, J. W.	Helena
Cox, Allen E.	Helena
Cox, Artis W.	Helena
Ellis, J. B.	Pasadena, California
Fink, M.	Helena
Henry, Morriss	Helena
King, J. A.	Elkins
King, W. C.	Helena
Kultgen, Edward	Elaine
Maddox, A. H.	Elkins
Nicholls, J. W.	Helena
Orr, W. R.	Helena
Rightor, H. H.	Helena
Russwurm, W. C.	Helena
Storm, Geo. R.	West Helena

POLK COUNTY

Hawkins, B. H.	Mena
Heller, H. G.	Mena
Hilton, J. G.	Mena
Lee, F. A.	Vandervoort
McElroy, F. Q.	Mena
Mullins, F. C.	Wickes
Murphey, J. H.	Opal
Taylor, J. M.	Mena

POPE COUNTY†

Cale, Walter	Atkins
Gardner, L.	Russellville
Hood, Robert	Russellville
Jones, G. W.	Atkins
Smith, John M.	Russellville
Smith, L. M.	Russellville
Smith, R. L.	Russellville
Tate, A. B.	Russellville
Teeter, C. R.	Pottsville

PRAIRIE COUNTY†

Adams, Edward	DeValls Bluff
Crockett, W. H.	Biscoe
Gilliam, J. C.	Des Arc
Lynn, J. R.	Hazen
Parker, James	DeValls Bluff
Parker, Luke	DeValls Bluff
Parker, Wm. McKinley	DeValls Bluff
Porter, T. G.	Hazen
Williams, W. J. B.	Des Arc
Wilson, J. G.	Ulm

PULASKI COUNTY†

Aday, L. C.	Little Rock
Allen, H. R.	Little Rock
Allen, Estes	Little Rock
Arkebauer, C. A.	Little Rock

Atkinson, Shelby	North Little Rock
Autry, P. G.	Little Rock
Bailey, W. E.	Little Rock
Banks, Jeff	Little Rock
Barrier, L. F.	Little Rock
Bennett, B. A.	Little Rock
Blakely, R. M.	Little Rock
Bond, S. P.	Little Rock
Brooks, C. M.	Little Rock
Brown, L. R.	Little Rock
Brown, T. D.	Little Rock
Calcote, R. J.	Little Rock
Caldwell, Robert	Little Rock
Carruthers, F. W.	Little Rock
Cazorf, Alan G.	Little Rock
Chambers, S. W.	Little Rock
Cheairs, D. T.	Little Rock
Chesnutt, C. R.	Little Rock
Choare, H. L.	Little Rock
Compton, John N.	North Little Rock
Cook, R. C.	Little Rock
Coon, A. B.	Little Rock
Cosgrove, K. W.	Little Rock
Crow, E. W.	Little Rock
Cummins, Bryce	Little Rock
Cunningham, J. C.	Little Rock
Darnall, R. F.	Little Rock
Davis, J. C.	Little Rock
Day, E. O.	Little Rock
DeGroat, A. F.	Little Rock
*DeWolf, H. F.	Little Rock
Dibrell, J. L.	Little Rock
Dibrell, J. R.	Little Rock
Eubanks, R. M.	Little Rock
Fly, T. M.	Little Rock
Freemyer, W. N.	Little Rock
Fulmer, P. M.	Little Rock
Fulmer, S. C.	Little Rock
Gann, Dewell, Jr.	Little Rock
Gay, E. C.	Little Rock
Gordon, Elmer	Russellville
Gray, A. F.	Little Rock
Gray, Edwin F.	Little Rock
Gray, Oscar	Little Rock
Grayson, W. B.	Little Rock
Hardeman, D. R.	Little Rock
Harris, Fred Wm.	Little Rock
Harris, R. P.	Little Rock
*Hastings, Gordon	Little Rock
Hayes, J. H.	Little Rock
Hayes, J. M.	Little Rock
Higgins, H. A.	Little Rock
Hinkle, S. B.	Little Rock
Hoge, S. F.	Little Rock
Howell, A. R.	North Little Rock
Hummel, H. G.	Little Rock
Hundling, H. W.	Little Rock
Hyatt, D. T.	Little Rock
Jackson, Carl R.	Little Rock
Jackson, Geo. F.	Little Rock
Jobe, A. L.	Little Rock
Johnson, G. H.	Little Rock
Jones, H. F. H.	Little Rock
Jones, J. E.	Little Rock
Junkin, S. P.	Little Rock
Kilbury, M. J.	Little Rock
Kirby, A. C.	Little Rock
Kolb, A. C.	Little Rock
Kory, R. C.	Little Rock
Kriesel, W. A.	Little Rock
Lamb, W. A.	Little Rock
Langston, Wm. C.	Little Rock
Law, R. A.	Little Rock
Leverett, M. B.	McGehee
Levy, Jerome S.	Little Rock
Lewis, Geo. V.	Little Rock
Lyons, V. E.	Little Rock
Mahoney, P. L.	Little Rock
*Matthews, W. M.	Little Rock
May, C. B.	Little Rock
May, John R.	Little Rock
McCaskill, M. E.	Little Rock
McCormack, G. A.	Little Rock
McLochlin, R. E.	Little Rock
McRae, W. M.	Little Rock
Melson, Madeline M.	Little Rock
Melson, O. C.	Little Rock
Meriwether, E. G.	Little Rock
Milliken, R. A.	Little Rock
Moore, R. D.	Little Rock
Morgan, Dollie	Little Rock
Murphey, Pat	Little Rock
Newman, W. V.	Little Rock
Oates, C. E.	North Little Rock
Parmley, L. V. Jr.	Little Rock
Parsons, J. E. Jr.	Little Rock
Parsons, W. R.	Little Rock
Patterson, R. Q.	Little Rock
Phillips, Samuel	Little Rock

Pirnique, A. F.	Little Rock
*Ponder, E. T.	Little Rock
Reagan, G. W.	Little Rock
Reagan, L. D.	Little Rock
Reaves, B. J.	Little Rock
Reed, C. C.	Little Rock
Reed, C. C., Jr.	Little Rock
Regnier, W. A.	Little Rock
Rhinehart, B. A.	Little Rock
Rhinehart, D. A.	Little Rock
Richardson, W. R.	Little Rock
Riegler, N. W.	Little Rock
Roberts, J. N.	Little Rock
Robinson, B. L.	Little Rock
Rodgers, Clyde D.	Little Rock
Rogers, F. O.	Little Rock
Roe, J. L.	Little Rock
Sadler, W. L.	Little Rock
Samuel, John M.	Little Rock
Sanderlin, J. H.	Little Rock
Saxon, R. L.	Little Rock
Scott, Homer	Little Rock
Shearer, W. F.	Little Rock
Shipp, A. C.	Little Rock
Shipp, Harvey	Little Rock
Shuffield, J. F.	Little Rock
Smith, R. T.	Little Rock
*Smith, W. F.	Little Rock
Snodgrass, W. A.	Little Rock
Spitzberg, Irving	Little Rock
Stover, A. R.	Oak Park, Ill.
Strauss, A. W.	Little Rock
Summers, J. A.	North Little Rock
Switzer, D. M.	North Little Rock
Thatcher, Harvey S.	Little Rock
Thomas, P. E.	Little Rock
Thompson, E. I.	Little Rock
Thompson, G. D.	Little Rock
Turner, R. J.	Fayetteville
Vinsonhaler, Frank	Little Rock
Wallis, Chas.	Little Rock
Wassell, C. M.	Little Rock
Watkins, Anderson	Little Rock
Watkins, J. G.	Little Rock
Wayman, A. K.	Little Rock
Wayne, J. R.	Little Rock
Wayne, W. D.	Little Rock
Webb, V. T.	Little Rock
Weny, N. F.	Little Rock
White, E. H.	Little Rock
Wilson, P. W.	Little Rock
Witt, C. E.	Little Rock

RANDOLPH COUNTY†

Baltz, M. A.	Pocahontas
Brown, J. W.	Pocahontas
Finney, Clarence	Maynard
Hamill, W. E.	Pocahontas
Handley, E. L.	Pocahontas
Loffis, J. R.	Pocahontas
Loffis, W. O.	Pocahontas
Ryburn, J. W.	Pocahontas
Smith, J. E.	Reyno
Smith, R. Oscar	Biggers

SAINT FRANCIS COUNTY†

Bogart, C. N.	Forrest City
Bogart, J. A.	Forrest City
*Boggan, P. P.	Forrest City
Caldwell, A. B.	Forrest City
Chaffin, E. J.	Hughes
Darnall, Ernest	Colt
Davidson, J. S.	Forrest City
McClendon, H. L.	Palestine
McCown, N. C.	Forrest City
Powell, C. V.	Round Pond
Rush, J. O.	Forrest City
Winter, W. A.	Widener

SALINE COUNTY†

Blakely, M. M.	Benton
Buckley, E. A.	Bauxite
Burks, J. A.	Benton
Fulmer, D. W.	Benton
Gann, Dewell, Sr.	Benton
Jones, C. W.	Benton
Walton, Charles	Wadsworth, Kansas
Ward, W. W.	Alexander
Watson, Thos. C.	Benton

SCOTT COUNTY†

Bevill, Cheves	Waldron
Burnett, J. A.	Waldron
Duncan, B. W.	Waldron
Duncan, F. R.	Waldron
Duncan, L. D.	Waldron
Fitzgerald, J. A.	Waldron
Holifit, Geo. F.	Waldron

SEARCY COUNTY†

Bing, E. A.	Gilbert
Cotton, J. O.	Leslie
Daniel, S. G.	Marshall
Fendley, E. G.	Leslie
Henley, J. A.	Marshall
Leslie, J. O.	Marshall
Pate, J. C.	Leslie
Rogers, W. F.	St. Joe
Wood, E. W.	Marshall

SEBASTIAN COUNTY

Amis, J. W.	Fort Smith
Arnold, W. O.	State Sanatorium
Benefield, C. E.	Fort Smith
Benefield, J. H.	Fort Smith
Billingsley, C. B.	Fort Smith
Blair, A. A.	Fort Smith
Brooksher, W. R.	Fort Smith
Buckley, J. H.	Fort Smith
Bungart, C. S.	Fort Smith
Chamberlain, C. T.	Fort Smith
Coffman, J. S.	Lavaca
Dorente, D. R.	Fort Smith
Dorsey, H. C.	Fort Smith
Eberle, W. G.	Fort Smith
Epler, E. G.	Lone
Foltz, J. A.	Fort Smith
Foster, M. E.	Fort Smith
Freer, B. W.	Fort Smith
Goldstein, D. W.	Fort Smith
Hall, C. W.	Greenwood
Henry, Louise	Fort Smith
Henry, L. M.	Fort Smith
Hoge, A. F.	Fort Smith
Holt, C. S.	Fort Smith
Honomichl, O. R.	Hackett
Johnson, Hugh	Fort Smith
Johnson, J. E.	Fort Smith
Jones, E. B.	Hartford
Jones, I. F.	Fort Smith
Kennedy, C. H.	Fort Smith
Krock, F. H.	Fort Smith
Means, C. S.	Fort Smith
Moulton, E. C.	Fort Smith
Moulton, H.	Fort Smith
Nowlin, R. R.	State Sanatorium
Ogden, J. C.	Fort Smith
Redman, Pierre	Fort Smith
Riley, J. D.	State Sanatorium
Rose, W. F.	Fort Smith
Scott, M. H.	Jenny Lind
Smith, R. T.	Fort Smith
Smith, H. H.	Fort Smith
Southard, J. D.	Fort Smith
Southard, J. S.	Fort Smith
Stevenson, J. E.	Fort Smith
Stubbs, S. P.	Fort Smith
*Ware, B. L.	Greenwood
Williams, C. Ray	State Sanatorium
Willingham, J. J.	State Sanatorium
Wolfermann, S. J.	Fort Smith
Woods, G. G.	Huntington
Woods, W. M.	Huntington
Wyatt, R. B.	Sulphur Springs
Yankoff, P. D.	Fort Smith

SEVIER COUNTY†

Archer, C. A.	DeQueen
*Clingan, A. J.	DeQueen
Dickinson, R. C.	Horatio
Graves, J. C.	Lockesburg
Hanchey, C. C.	DeQueen
Hendrix, B. E.	Gillham
Hopkins, R. L.	DeQueen
Jones, I. G.	DeQueen
Kitchens, C. E.	DeQueen
Norwood, M. L.	Lockesburg

UNION COUNTY†

Bottorff, M. K.	Rosston
Brewer, J. M.	El Dorado
Cathey, A. D.	El Dorado
Clark, James F.	Forrest City
Crawford, J. B.	El Dorado
Crawford, S. R.	El Dorado
Cullins, J. G.	North Chicago, Ill.
Fincher, L. G.	El Dorado
Hardin, M. A.	Norphlet
Harper, John W.	El Dorado
Irby, F. L.	El Dorado
Kennedy, C. E.	Smackover
Kitchen, D. K.	El Dorado
LeVine, David	El Dorado
Mahony, F. O.	El Dorado
Mayfield, H. F.	Huttig
McCall, Daniel	Lawson

McGraw, S. J.	El Dorado
Mitchell, J. G.	El Dorado
Moore, B. L.	El Dorado
Moore, J. A.	El Dorado
Munn, E. J.	El Dorado
Murphy, G. D.	El Dorado
Murphy, H. A.	El Dorado
Muse, P. H.	Junction City
Newton, W. L.	Smackover
Patterson, W. L.	El Dorado
Pryor, R. E.	El Dorado
Purifoy, L. L.	El Dorado
Riley, Warren S.	El Dorado
Ritterman, Henry	Norphlet
Rowland, R. E.	Little Rock
Russell, M. V.	El Dorado
Sheppard, J. K.	El Dorado
Sheppard, J. M.	El Dorado
Slaughter, J. W.	El Dorado
Smith, D. V.	Huttig
Smith, J. M.	Smackover
Vines, F. P.	El Dorado
White, D. E.	El Dorado
Wharton, J. B.	El Dorado
Wilson, J. H.	Strong
Wozencraft, W. L.	El Dorado

WASHINGTON COUNTY

Baggett, Jeff	Prairie Grove
Callen, C. B.	Fayetteville
Ellis, E. F.	Fayetteville
Ellis, Ruth	Fayetteville
Fowler, W. A.	Fayetteville
Gilbert, A. A.	Fayetteville
Gregg, A. S.	Fayetteville
Harr, H. T.	Fayetteville
Hathcock, A. H.	Fayetteville
Hathcock, Preston L.	Fayetteville
Hathcock, P. L., Sr.	Fayetteville
Haugen, I. J.	Los Angeles, Cal.
Henry, H. B.	Fayetteville
Henry, R. T.	Springdale
Howze, H. H.	Fayetteville
Huntington, R. H.	Fayetteville
Jones, W. A.	Fayetteville
McAllister, Max	Fayetteville
McCormick, E. G.	Prairie Grove
Miller, Richard W.	Fayetteville
Mock, W. H.	Prairie Grove
Morrow, F. R.	Fayetteville
Richardson, Fount	Fayetteville
Riggall, Cecil	Prairie Grove
Roberts, D. C.	Fayetteville
Robinson, J. A.	Summers
Sisco, C. P.	Springdale
*Walker, J. W.	Fayetteville
Wentz, H. B.	Elkins
Wood, H. D.	Fayetteville

WHITE COUNTY

Abington, E. H.	Beebe
Allbright, S. J.	Searcy
Clark, W. A.	Bald Knob
Dunklin, A. J.	Searcy
Felts, W. R.	Judsonia
Hardy, F. P.	Searcy
Hawkins, M. C.	Searcy
Hudgins, A. H.	Wynne
Parker, Orlie	Wabash
Peeler, C. M.	Pangburn
Sloan, D. W.	Beebe
Sloan, J. R.	Garner
Spain, A. L.	Latona
*Tapscott, S. T.	Searcy
Woodyard, W. H. L.	Judsonia

WOODRUFF COUNTY

Biles, L. E.	Augusta
Brewer, E. F.	Augusta
*Brown, E. B.	Cotton Plant
Dungan, C. E.	Augusta
Evans, R. H.	McCrory
Fraser, R. L.	McCrory
Hays, J. F.	Augusta
Henderson, T. W.	Augusta
Maguire, F. C.	Augusta
Morris, J. W.	McCrory
Murphy, Frank	Lexa
West, J. H.	Grays
Wilkins, W. T.	Cotton Plant

YELL COUNTY

Ballenger, W. E.	Plainview
Grace, J. Kent	Arkadelphia
Millard, R. I.	Dardanelle
Montgomery, H. L.	Gravelly

PERSONALS AND NEWS ITEMS

Frank Vinsonhale addressed the Little Rock Rotary Club October 8th on "The Necessity for Combining Our Hospitals."

"The Relationship of Maxillary Sinusitis to Infection in the Contiguous Sinuses, Middle Ear and Lower Respiratory Tract," by Paul L. Mahoney, Little Rock, and "The House Dust Antigen in Allergy," by Allan G. Cazort, Little Rock, appeared in the October Southern Medical Journal.

J. F. Hays addressed the McCrory Rotary Club September 15th.

H. Fay H. Jones, Little Rock. H. King Wade, Hot Springs National Park, and G. W. Reagan, Little Rock, attended the Southwestern Branch of the American Urological Association at Omaha in September. Dr. Wade addressed the session on "The Treatment of Epididymitis."

W. R. Felts has been elected service officer of the Judsonia American Legion Post.

J. S. Rinehart has been elected Chief of Staff of the Camden Hospital.

George Jackson, Little Rock, addressed the Rockford, Illinois, Kiwanis Club September 29th on "Arkansas."

The following attended the postgraduate course in tumor therapy conducted by Michael Reese Hospital in Chicago during September: George Jackson, Little Rock, J. S. Wilson, Monticello, and W. R. Brooksher, Fort Smith.

E. J. Munn has been elected surgeon of the El Dorado post, Veterans of Foreign Wars.

The following have completed a one month course at the Arkansas Public Health Training Center at Morrilton: J. M. Smith, Russellville, R. E. Schirmer, Blytheville, F. S. Dozier, Brinkley, and S. W. Chambers, Little Rock. Drs. Smith and Chambers will attend the Vanderbilt University School of Public Health while Dr. Dozier will direct the Monroe County Health unit.

A. H. Hudgins has moved from Searcy to Wynne.

J. M. Walls has moved from Searcy to Blytheville.

Dr. Karl A. Rosenbaum has become associated in practice with Dr. Geo. V. Lewis at Little Rock.

Drs. Gean and George Atkinson have moved from Hardy to Manila.

Berry Moore has been elected vice president of the El Dorado Arkansas Booster Club.

E. E. Estes won the Fordyce Country Club golf tournament in September.

L. J. Kosminsky, Texarkana, has been appointed chairman of the 40 and 8 Child Welfare Committee.

Raymond C. Cook, Little Rock, and J. C. Ogden, Fort Smith, attended the sessions of the American Academy of Ophthalmology and Otolaryngology in New York City during September.

H. S. Thatcher, Little Rock, acted as professor of pathology and bacteriology for the summer quarter of the University of Tennessee School of Medicine.

MARRIED—Edwin F. Gray, Little Rock, and Miss Ruth Finnegan, September 20th.

The First Course of Postgraduate Instruction sponsored by the Arkansas Medical Society, September 30th and October 1st, was addressed by the following Little Rock physicians: H. S. Thatcher, D. A. Rhinehart, M. J. Kilbury, A. C. Shipp, J. N. Compton, Geo. V. Lewis, Byron Robinson, D. T. Hyatt, A. W. Strauss, S. C. Fulmer, L. F. Barrier, H. A. Dishongh, and O. C. Melson.

The following attended the Kansas City Southwest Clinical Society sessions in October: C. A. Archer, DeQueen; A. A. Blair, Fort Smith; J. H. Fowler, Harrison; J. G. Gladden, Harrison; D. W. Goldstein, Fort Smith; Earle H. Hunt, Clarksville; J. J. Morrow, Cotter, and D. L. Owens, Harrison.

A. B. Tate, Russellville, has been elected Chairman of the Pope County Crippled Children's Association.

Books recently published by Arkansas physicians are "Roentgenographic Technique" (2nd edition) by D. A. Rhinehart, Little Rock, and "Arthritis and Rheumatic Diseases" by M. F. Lautman, Hot Springs National Park.

J. B. Jameson has been elected athletic officer of the Camden American Legion post.

H. C. Dorsey has been elected surgeon of the Fort Smith American Legion post.

W. H. Mock, Prairie Grove, has been elected Councilor for Arkansas of the American College of Surgeons.

J. D. Riley, State Sanatorium, addressed the Fort Smith Lions Club October 13th.

M. J. Kilbury, Little Rock, visited the Mayo Clinic during October.

E. J. Munn addressed the El Dorado Rotary Club October 13th.

PROCEEDINGS OF SOCIETIES

The Benton County Medical Society was addressed October 8th at Rogers by C. T. Chamberlain, "Medical Emergencies"; T. P. Foltz, "Bronchiectasis," and R. T. Smith, "Upper Respiratory Affections in Relation to Chronic Pulmonary Disorders," all speakers of Fort Smith.

The Randolph-Lawrence County Medical Society met September 8th at Current River Beach, as guests of the Randolph County Society. Speakers were: H. A. Stroud, Jonesboro; J. E. Smith, Reyno, and M. A. Baltz, Pocahontas.

CHAS. D. TIBBLES, Secretary.

Members of the Muskogee County (Oklahoma) Medical Society presented the scientific program at the dinner session of the Sebastian County Medical Society in Fort Smith October 12th. Speakers were: L. B. Oldham, Jr., "Kappeler-Adler Test for Pregnancy"; H. T. Ballantine, "Bichloride of Mercury Poisoning with Report of a Case"; C. E. White, "Postpartum Care of the Breasts," and E. H. Coachman, "Petrositis."

The Fifth Councillor District Medical Society met as guests of J. P. Clemens in Mount Holly October 8th. Following the dinner the scientific program was presented: "Medical Problems in Arkansas," George B. Fletcher, Hot Springs National Park; "Resume of Duodenal Ulcer," S. J. Wolfermann, Fort Smith; "The Present Status of Radium Therapy," W. R. Brooksher, Fort Smith, and "Recent Advances in Allergy," Ralph Bowen, Oklahoma City.

The Southeast Arkansas Medical Society was addressed at its meeting held in Dermott September 21st by Paul Gambel, and W. F. Wilson, Greenville, Mississippi, and Frank Vinson-haler and Jerome S. Levy, Little Rock.

The Johnson County Medical Society was addressed October 22nd by S. J. Wolfermann, Fort Smith, "Arrhenomablastoma of the Ovary," and Ralph Bowen, Oklahoma City, "Recent Advances in Allergy."

The First Councilor District Medical Society met at Paragould October 15th, the following scientific program being presented: "Modern Management of Traumatic Surgery," F. L. Husband, Blytheville; "The Ruptured Appendix," E. E. Francis, Memphis; President's Address, L. C. McVay, Marion; "Medical Ethics and Medical Economics," B. F. Turner, Memphis; "Heart Disease Secondary to Chronic Pulmonary Disease," C. T. Chamberlain, Fort Smith, and "Bronchiectasis," T. P. Foltz, Fort Smith.

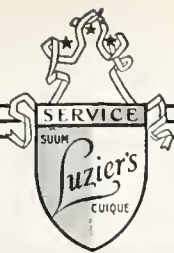
The Third Councilor District Medical Society met at Forrest City October 16th, the following scientific program being presented: "The Diagnosis and Management of Acute Circulatory Failure," O. T. Warr, Memphis; "Maternal Mortality," W. A. Ruch, Memphis; "Hypertension," S. C. Fulmer, Little Rock, and "Urinary Infections in the Child," E. C. Mitchell, Memphis.

The Second Councilor District Medical Society met at Batesville October 12th, the scientific program being presented by the following: Willis C. Campbell, Memphis; Robert A. Milliken, Little Rock; A. M. Elton, Newport, and M. C. Hawkins, Jr., Searcy. Officers elected are: V. D. McAdams, Cord, President; A. M. Elton, Newport, Vice-president, and O. J. T. Johnston, Batesville, Secretary.

The Randolph-Lawrence County Medical Society met at Imboden October 8th, papers being read by J. J. Monfort, Batesville; R. C. Shanlever, Jonesboro, and M. L. Harris, Newport.

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RANDOM THOUGHTS OF THE SECRETARY

September 21st. Attending a postgraduate tumor course in Chicago as one of three Arkansas physicians, George Jackson and J. S. Wilson similarly engaged in the pursuit of knowledge. Wilson tells of the negro girl, tormented with the pains of labor, who called the boy friend in and emphatically said: "Boy, if this is a sample of married life, our engagement is off."

September 22nd. Geo. Jackson appears on the scene with numerous books of matches, having observed our difficulties of the previous day in keeping our cigar aflame. With further interest in our welfare, he keeps watch over our new Stetson and at noon escorts it to the room as an useless bit of apparel during this session. In the evening to enjoy with Louie Allen, of Kansas City, and Leland Holly, of Muskegon, one of Harding's good steaks, remaining to settle many problems pertaining to deep therapy as well as divers most unrelated subjects.

September 23rd. We are particularly gratified to hear Cheate state: "the pathologist can only say on his report of the examination of tumor tissue that no malignant change is noted at the moment." Would that this statement could have been heard by Foltz, Jones, Eberle, Foster and other well-meaning colleagues who have with slight gentleness chided us over our cautious roentgenological summaries! In the evening with Allen, Herman of Atlantic City and Crain of Corpus Christi, we gather at "A Bit of Sweden" where we are initiated into the mysteries of the Swedish diet, an institution which leaves one lost in admiration of the appetite of such great eaters. Smorgsbord, which word we diligently practice the enunciation of, for our subsequent nonchalant employment in casual conversation when the subject of food is brought up, consists of a wide assortment of appetizers, no small number of which could with all propriety be placed on any table as the entree. The contemplation of these causes us to be thankful that we are not rearing our heir in Sweden, his wants in food being what they are, to say nothing of certain expensive dietary additions.

September 24th. The inevitable banquet is held; seated at the speaker's table, the class regards us with envy and suspicion, wondering just how they have overlooked our better acquaintance. Listening to that rarest of human satisfactions: a really good after-dinner speech, by a professor of Latin, at that. Beset during the talk trying to recall just what good qualities our professor in Caesar and Virgil may have possessed, a futile undertaking.

September 25th. Finally achieve a desire of some five years striving; we attend the Planetarium, marveling at its precise mechanical and optical arrangement, oblivious to the fact that we are viewing man-made reproductions but rather feeling that we are alone viewing the heavens above. Leaving, well pleased that we now have a better understanding of the movements of the solar system and of the procession of the seasons. To us this is one of the great attractions of Chicago; one to which we hope soon to return.

September 26th. The class receives photographs of the speakers; a movement started by this country boy who talked the city newspaper reporter out of his photo and secured personal autographs. The final lectures bring forth to us the fact that research is constant, that knowledge must ever be sought, and that much information yet eludes us. Somewhat reassuring is the thought ex-

pressed by the authorities, that to distinguish recurrence and necrosis, one must frequently send the patient home and wait, a procedure not uncommon among therapists of our ken. So, riding the Banner Blue Limited to Saint Louis, listening at intervals to Duke vs. Colgate and the Cardinals vs. the Cubs over the radio, offering gratis advice from our extensive store to the couple with the one-year old child, and renewing association with Bailey of the Pullman force who has swept many a dime out of these pockets during the summers of 1933 and 1934 on the Frisco en route Fort Smith and Fayetteville, now serving in more luxurious surroundings, but with the same good nature.

September 27th. We alight at Van Buren this morning, greeting Peggy and Bill Riley, the former resisting all reference to a possible gift; the latter, more youthful and less restrained.

October 1st. Giving radium treatment to one of the old Indian Territory outlaws of a day long since past, who relates with some embellishment many a tale of those days when the law extended wide from the Federal court just outside our window.

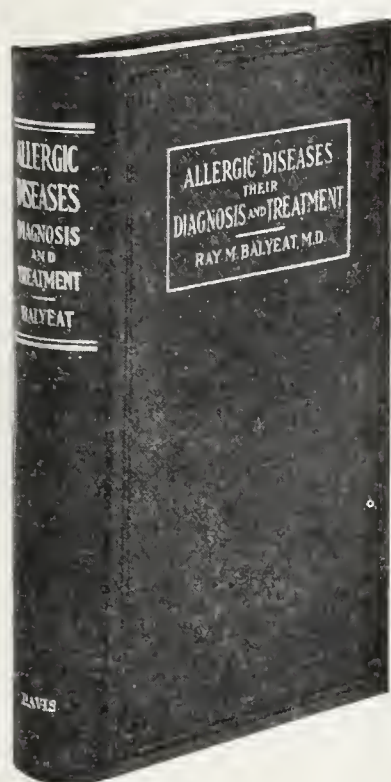
October 8th. Journeying with Wolfermann via Hot Springs to pick up the President, thence on to Camden, where we park ourselves in Bob Robins' villa for food, drink and much conversation preparatory to attendance at the Fifth District meeting at Mt. Holly. En route we diligently seek peanuts for the physical well-being of the dignified President. Clements, the host, relates with some regard for the truth, the desirable features of his location, rather a contrast to the President's home town. Thompson presides with due decorum but permits free discussion, offering Geo. Jackson an opportunity to bask in reflected glory by stating that he agrees entirely with our talk on radium therapy, at the same time suggesting that our material was acquired in Chicago, the so-and-so. Rinehart takes all speakers to task, intimating that we had proclaimed radium as a cure-all. At Bob Robins' request, Hoyt Allen becomes the tail-end discussant. Returning to Camden, we sleep in great comfort for the remainder of the night, awakening to that most delightful sound: bacon and eggs in the pan. A hasty shave but a most leisurely breakfast which Margaret has prepared and away at 6:50, placing the President securely in his own domicile at 9:30, no doubt for sleep, while Sid and I watch the panorama of the Mount Ida detour, eventually reaching home, eager and alert for our usual duties.

October 12th. The janitor adds another problem for research by his query if the signs of the Zodiac have any influence upon the time for surgical operations. We are inclined to suggest that a more simple relationship is all that is needed: the surgeon, the patient; but take the opportunity to deliver a six floor elevator ride discourse upon quackery as related to modern medicine. On the downward trip later, he tells us that he has decided to have it done in January—just another emergency.

October 13th. That great bunch of fellows from Muskogee visit us, Coachman throwing the EENT specialists a curve by changing his advertised subject.

October 20th. This day visiting Oklahoma City where oil wells adorn the capitol grounds provoking a discussion similar to one started by a certain apartment house adjacent to our own capitol. Enjoying for the first time in many moons, broiled pompano, tops in edible fish. Likewise acquiring some familiarity with the operation of parking meters, as an invitation from the police department will testify.

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Certain Forms of Eczema, Contact Der-
matitis, and Gastro-Intestinal
Symptoms Due to Allergy.

BY

RAY M. BALYEAT, M.A., M.D., F.A.C.P.

Associate Professor of Medicine and Lectured on Diseases Due to Allergy,
University of Oklahoma Medical School; Chief of the Allergy Clinic,
University Hospital; Consulting Physician to St. Anthony's
Hospital and to the State University Hospital; President of
the Association for the Study of Allergy 1930-1931;
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| XXXV. | Gastrointestinal Allergy. |
| XXXVIII. | Allergic Dermatoses (I. Eczema, II. Contact Dermatitis). |
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AUXILIARY NEWS

MRS. H. E. MURRY
Publicity Secretary.

Honoring the incoming president, Mrs. Albert Mann, the Woman's Auxiliary of Bowie-Miller County Medical Society held the first meeting of the year Friday with a luncheon meeting at the home of Mrs. S. A. Collom. Co-hostesses with Mrs. Collom were Mrs. J. T. Robinson, Mrs. L. J. Kosminsky, Mrs. E. M. Watts, and Mrs. William Hibbitts.

The members were seated at small tables decorated with red roses, with a hostess at each table.

Mrs. L. J. Kosminsky led the travelogue program which was featured by an interesting talk by Mrs. J. K. Wadley, a guest, who told of her visit to northern Europe from which she recently returned. Mrs. Collom told of Texas Centennials and visits to San Antonio, Austin and other Texas cities. Mrs. Robison talked on her visit through the southwest, and Mrs. Hibbitts told of her vacation visit through the northwest.

Mrs. Mann presided over the business routine.

Mrs. Ralph Cross and Mrs. J. T. Herrol were welcomed as new members.

Plans were made for the October meeting which will honor Mrs. R. B. Holman of El Paso, Texas, Auxiliary President, and Mrs. J. T. McLain of Gurdon, Arkansas, President.

Other than those mentioned were present: Mesdames Allen Collom, Jr., E. L. Beck, N. B. Daniel, E. A. Howley, C. E. Kitchens, Thomas F. Kittrell, J. R. Dale, L. H. Lanier, H. E. Longino, H. E. Murry, George Parson, P. H. Phillips (Ashdown), R. R. Robins, Decker Smith and James F. Warren.

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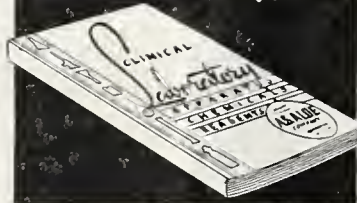
BOOK REVIEWS

Colwell's Daily Log for Physicians. By John Colwell, M. D. Price \$6.00. Champaign, Illinois: Colwell Publishing Company.

This excellent record system for physicians provides, with the minimum of effort on the part of the physician, all essential financial data on each patient. In addition, provision is made for monthly and yearly summaries of income and disbursements, a distinct help in the preparation of income tax returns. Special records, such as obstetrical, surgical, inoculations and the like, contribute to the general value of the book. The Journal heartily recommends this book to readers who seek the most satisfactory record system available.

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The JOURNAL

OF THE ARKANSAS MEDICAL SOCIETY

PUBLISHED MONTHLY UNDER DIRECTION OF THE COUNCIL

Vol. XXXIII

LITTLE ROCK, ARKANSAS, DECEMBER, 1936

No. 7

X-RAY THERAPY IN INFECTIONS*

D. A. RHINEHART, M. D., F. A. C. R.

Little Rock

One morning some years ago I met a physician friend of mine in the lobby of the building in which we have our offices. The expression on his face was just about as forlorn and woe-begone as one would expect to see on a patient out of a sick bed. In reply to my query as to what ailed him, he said that he had a carbuncle on his back as big as a dinner plate and that he had not slept for the last fourteen nights, both statements obviously exaggerations. He said that he had tried all the most promising of the methods of treatment that had been recommended. I suggested an x-ray treatment and assured him that it was the best form of therapy for such an ailment. The treatment was given. The following day his expression and outlook were entirely different. He told me that he had had a good night's sleep, that his pain was gone, and that he had slept on both his back and the carbuncle throughout the night. Needless to say, since that time this physician has been a convert to the efficacy of radiation therapy in acute infections.

About a month ago I was asked to see a patient who had had a marked swelling and induration of the thyroid region of the neck for more than a month. The patient was obese, she was propped up in bed so that she could breathe, she could not speak above a whisper, and she had some fever and a moderately elevated white blood count. The onset of the trouble followed a severe cold. There was a hard tumor mass involving the thyroid gland. In spite of the fact that two attempts at biopsy had not revealed malignant tissue, the clinical diagnosis was carcinoma of the thyroid. X-ray treatments were recommended. With the laryngologist standing by to do a tracheotomy if necessary, the right side of the patient's neck was

treated. The tracheotomy was considered necessary and was attempted. The trachea could not be found. A third specimen for biopsy was taken. The incision into the skin and the capsule of the thyroid gave the patient some relief. The second day she received an x-ray treatment to the left side of the neck, and the next day the right was treated again. By the fourth day the tumor had regressed so markedly that the treatments were discontinued. The patient progressed to complete recovery in a short time. The diagnosis was changed from carcinoma of the thyroid to a thyroiditis, for which the x-ray treatment proved a specific. This diagnosis was confirmed by the third biopsy. As a purely academic question, how much credit should one be given for the proper treatment administered under an incorrect diagnosis?

Recently a woman of about fifty had pneumonia involving both lobes of the left lung. Fourteen days after the onset she was transported over a hundred miles in an ambulance to St. Vincent's Infirmary. She had passed the crisis of her pneumonia, but the consolidation in the lung persisted. On examination she was found to have some dyspnea, she complained of pain in her left side, and she had very little fever and only a slight leucocytosis. X-ray examination revealed a complete opacity of the left half of the thorax, and the opinion was expressed that both an unresolved pneumonia and fluid in the pleural cavity were present. The physical findings supported this view.

The pleural cavity was tapped twice. The first time 380 cubic centimeters of a cloudy fluid were removed. No organisms were found in this fluid. The second tapping was much less successful, only 35 cubic centimeters of fluid being obtained. The patient was given two x-ray treatments, one to the anterior and the other to the lateral aspect of the left side of the chest. The clinician in charge of the patient feared that the unresolved pneumonia would progress to chronic lung suppuration and interstitial fibrosis. Instead, the consolidation of the

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

lung began to resolve immediately. A few days later the x-ray treatments were repeated. The improvement continued. A recent examination showed adhesions obliterating the left costophrenic sinus as the only remaining evidence of the infection.

To these three informal case histories could be added any number showing the beneficial effects of radiation therapy in the treatment of acute and chronic infections. Many types of infections in many regions of the body have been treated. To include a complete listing or to review the literature completely would be too tiresome and require too much space. A few of the more common conditions may be mentioned and some of the more recent reports in the literature may be cited.

Furuncles and boils in any region usually respond promptly to a single short x-ray treatment. The swelling decreases, with or without an initial increase in severity the pain ceases, the induration softens, and the infection is absorbed or promptly suppurates and can be drained, healing taking place by granulation in the usual manner. Because of the severe pain from lack of room in which to swell, more furuncles in the external auditory canal have been treated than elsewhere. Furuncles and boils about the nose, lips, and face are next in frequency. The danger of spreading such infections to the cavernous sinus especially prohibits the usual manipulative therapy.

Unless the patient be a diabetic, in which the results often are not satisfactory, the x-ray treatment of a carbuncle in any locality usually gives a spectacular result. Whenever x-rays are available, they should be used instead of the incision, excision, poultice, and salve regimen incident to the common surgical treatment.

Acute infections in the lymph nodes of the neck following an acute tonsillitis or an acute upper respiratory infection in children respond to one or two treatments. If treated early, the infection subsides without suppuration, thus avoiding the unsightly scarring following operative drainage of these infected glands. Acute infections in the roots of the nails, erysipelas, felons, acute cellulitis in any region, and acute lymphadenitis from any cause are a few of the less common acute superficial infections in which radiation therapy is indicated. Acute cellulitis of the face and jaws following the extraction of teeth responds satisfactorily.

The literature contains many interesting articles on radiation treatment in infections. Gran-

ger of New Orleans for years has advocated x-ray treatments in acute otitis media and acute mastoiditis. Hodges of Richmond has published a number of articles on this subject, urging especially the radiation treatments of furuncles and carbuncles. Kelly of Omaha has collected a series of cases of gas gangrene treated with x-rays with a mortality of 10 per cent. Bowing and Fricke have reduced materially the mortality in post-operative parotitis by radium treatment. Williams and Bryan have used minute doses of x-rays with pleasing results in treating a series of patients for acute rhinitis, acute sinusitis, and acute bronchitis.

Manges in a recent editorial indicates that the medical profession in general and roentgenologists in particular do not realize and appreciate the remarkable value of roentgen therapy in the treatment of acute infections and inflammations, almost regardless of the cause, nature, location, or extent. He suggests that roentgenologists, particularly those connected with large hospitals, be permitted to treat every patient who has an active infection.

In spite of the benefits following this form of therapy, the exact action is yet empirical. Possibly the most popular theory of the action of the rays is that advocated by Desjardins. The infiltrating lymphocytes accumulated in an area of acute infection are destroyed by the radiation. This liberates protective bodies in the nature of proteins or enzymes which exercise a deterrent influence on the growth and development of the bacteria.

In the radiation treatment of acute infections, the doses are always small. In acute conditions often a single application is sufficient. If not, the treatment may be repeated two or three times at two-day intervals. In chronic infections the period of treatment must be more prolonged; usually weekly treatments are given until the beneficial results have been obtained. Because of the small amounts of radiation that are used, there is no danger of damage to any of the normal tissues, and permanent skin damage does not occur. There are not known contraindications to this form of therapy.

In conclusion I should like to advance the idea that radiation therapy is by far the best single remedial agency to be used in acute or chronic infections, and that in years to come this form of treatment will be commonplace in almost every form of infection, even in some in which it has not at this time been attempted.

THE PRESENT STATUS OF VACCINE AND SERUM THERAPY IN ACUTE CONTAGIOUS DISEASES*

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The purpose of this paper is to present to the profession in as concise a form as possible the present status of the use of vaccines and serums in the more common contagious diseases. It is based on a fairly extensive review of the literature, and does not necessarily reflect the opinions of the authors except where explicitly stated. Insofar as possible, we have confined our sources of information to authors of recognized ability and undoubted repute. It has been our hope to fairly present the mass of evidence, so that the practitioner can, with better judgment, decide when he is or is not justified in using particular vaccines or serums. While we have intended to do a minimum of theorizing, some has been necessary, particularly in the discussion of colds, influenza, and pertussis, because of inconclusive evidence respecting these diseases.

The Common Cold

Since we know so little concerning the etiology of the common cold, the use of so-called respiratory vaccines for its prevention cannot be recommended. The two most accepted theories of etiology are (1) the filterable virus theory, and (2) the multiple infections theory; the latter meaning that the cold is not a specific disease, but that it may be due to any one of many organisms. Each school can state good reasons for its particular belief, but neither can produce actual proof. Advocates of the virus hypothesis are Kruse¹, Foster², Dochez³, Long⁴, and Powell⁵. Opposed to this view are Walker⁶ and Webster⁷.

Reviewing reports of results with respiratory vaccines, thousands of cases may be found supporting their efficacy while other thousands deny it. In persons peculiarly susceptible to frequent upper respiratory infections which tend to persist, there is theoretically some justification for mixed vaccines in large dosage. While available statistics would seem to support this use, it must be remembered that apparent success is much more apt to find its way into print than apparent failure.

Influenza

The etiology of influenza has been more definitely established in recent years. While such diligent workers as Cecil and Blake⁸ have apparently been able to transmit the disease by the B. Influenza, it seems more probable, in view of the work of Shope⁹, Smith, Andrews and Laidlaw¹⁰, and Francis¹¹, that virus also must have passed or else there was some mistake in diagnosis. The latter investigators have proved beyond reasonable doubt that influenza is primarily a virus disease, and that immunity, in animals at least, is due solely to the virus. There is good reason to believe that in man the severe complications are due to secondary invading organisms. These invaders seem to be various types of B. influenza and Streptococcus hemolyticus for the most part. Potent anti-virus horse serum has been prepared¹² which is highly protective in animals. While we can well believe that we may soon have means for active immunization by the virus and for passive immunization by serum, we cannot predict how practicable either such prophylaxis or treatment will be.

Because of varying characters of different epidemics, the unknown incidence of acquired immunity, and possible errors in diagnosis, it is impossible to estimate how effective prophylactic inoculation has been. While negative results are reported by von Sholly and Park¹³, and by Jordan and Sharp¹⁴ in 1921 after the great pandemic, authentic figures for 1918-19 are more favorable. Statistics available on a total of 34,800 cases¹⁵ vaccinated, with 50,086 controls show a very great reduction in severe complications and in mortality, the latter being about one-thirteenth as great in the inoculated cases. If these figures, taken for the most part from the English and Australian armies are to be admitted, it is evident that vaccination is effective against the secondary invaders at least.

Pneumonia

Some startling authentic reports are available on the use of pneumococcus vaccine for prophylaxis. Thirty-two specific types of pneumococcus, all capable of causing pneumonia, are known. Potent antiserum, which necessitates the active immunization of the horse, against types I and II is available to the practice. Cooper¹⁶ has succeeded in developing specific sera against more than thirty different types. Avery and Goebel¹⁷ induced a high immunity in rabbits to type III. The work of Cecil and others indi-

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cates that man may be highly immunized with vaccines.

Prophylactic vaccination has been used extensively in the south African diamond mines, where careful observations have been made. Prior to 1912, the average yearly incidence of pneumonia in the Premier Diamond Mine was 129.52 per 1,000, with a mortality of 22.01. In that year, Sir Almroth Wright began routine vaccination with large doses of untyped pneumococcus. In 1913, the incidence had dropped to 31.75 and the mortality to 4.80 per 1,000. Lister continued the work. Figures for 1916-17 show an incidence of 4.67 with less than one per thousand mortality. In the Crown Mine, where it was possible to type all cases, not one single case due to types I, II, and III, which were used in the vaccine, occurred. Normally, these three types had caused from 63 to 77 per cent of the pneumonia. While it must be admitted that pneumonia is worse some years than others, these statistics¹⁸ are at least worth considering as they cover some 25,000 individuals over several years. Cecil and Austin¹⁹ and Cecil and Vaughan²⁰ seem to have achieved comparable results in several thousands of American soldiers.

Treatment of Lobar Pneumonia

There is almost universal agreement among men of extensive experience that type I antiserum is a most efficacious form of treatment. While results have not been so striking in type II, a more virulent organism, there is evidence that earlier treatment would show as marked benefit. These types are responsible for about 60 per cent of pneumonia in adults. According to Cecil and Plummer²¹ type one is the commonest organism, and its incidence is especially high in patients under middle age. It is very important that the type of infecting pneumococcus be ascertained early. This can now be done usually by a simple microscopic observation, according to Neufeld, in a matter of a few minutes. That is, it can be determined whether the organism is type I or II, or one of the others for which serum is not available. If typing is not possible, it is our opinion that the bivalent serum should be given in patients under forty as soon as the diagnosis is made. Of course, the usual precautions for giving any serum must be observed. No statistics are available supporting serum treatment in other types, though the successful production of such sera with good anti-body content has been reported.

Pertussis

There seems no longer room for doubt that whooping cough is caused by the bacillus pertussis. Experiences in the prophylactic use of pertussis vaccine were so varied until a few years ago that the efficacy of the vaccine was rightly doubted. The Danes alone seem to have reported consistently good results. In the isolated Faroe Islands, epidemics occur every few years, and practically all non-immune children contract the disease. In 1923, Madsen reported on an epidemic involving over 2,000 inoculated and 627 uninoculated individuals who had not had the disease²². Of the 1,094 vaccinated, 20 per cent completely escaped infection while five died. Of the unvaccinated, about two per cent escaped while 18 died. Again in 1932, he reported one fatal case among 1,832 vaccinated, with eight fatalities among 446 uninoculated. The differences in the incidence of mild and severe cases in the two groups was even more striking. Why, then, could his results not be more universally confirmed? Leslie and Gardner²³ have, we believe, answered this. Briefly, they investigated 32 strains of the *B. pertussis* obtained from various sources. They found that each fell into one of four well defined groups, which they later designated phases I, II, III and IV. All freshly isolated organisms were in phase I, regardless of the source. The two American types, A. and B., were phases 4 and 3 respectively. They further showed that in culture, organisms in the first phase can deteriorate into the others. Phase I alone is antigenically potent. It is significant that the Danish vaccines have always been freshly isolated cultures. We believe that in the future consistently good results can be expected with the vaccine. Later reports in America are most encouraging. Kendrick and Eldering²⁴ recently reported 1,592 cases under observation. Seven hundred and twelve have been vaccinated; 880 have not. To date, there have been four cases of pertussis in the first group with 67 in the latter. The Sauer vaccine is probably very efficacious and the dose recommended is much greater than Madsen used. Sauer²⁵ vaccinated some 300 children and where possible, left unvaccinated children in the home. Although pertussis occurred in several of these homes, no case developed in vaccinated children. He lists exposure as eight known or household exposures and 127 probable exposures.

Measles

Measles is highly contagious even in the catarrhal stage. It rarely occurs before the fifth month of life, but it is estimated that 99 per cent of children are susceptible at two years²⁶. It carries a significant mortality rate particularly in young children, mainly on account of the complication of broncho-pneumonia. It is said that 10 per cent of all measles cases develop broncho-pneumonia, and that one-third of these die. The death rate has been estimated from 4-6 per cent to 15-35 per cent, a great deal depending on the hygienic surroundings of the child²⁶. Measles then, should not be considered an insignificant childhood disease, which should be allowed to rage unabated and uncontrolled. It might be said that it is the right of every child exposed to measles to have the benefit of some form of immune inoculation, which has been proven rather definitely to prevent or attenuate the disease in a high percentage of cases. Convalescent serum, immune placental globulin, adult immune serum or blood in proper dosage will prevent the disease if given before the fifth day after exposure, or will attenuate it if given from the fifth to seventh day^{27 28 29}. The contact must be broken after inoculation, and success depends to some extent on how intimate and prolonged the previous contact was. After the disease develops, inoculations are useless. All inoculations must be given subcutaneously, or intramuscularly.

Prevention of the disease should be attempted in children under three years of age, or in those weak or sick. This confers only a passive immunity of from two to six weeks. Attenuation should be attempted in all others as this confers an immunity for life. Attenuated measles may be characterized by an absence or mildness of the catarrhal stage, with a scanty eruption, although the child may have fever 103 for a short time.²⁷.

Convalescent serum taken seven to ten days after recovery in the dosage of 3-15 cc. depending on the age, protects in 90 per cent of the cases. It, however, is not readily available²⁷.

Immune globulin, from human placentas, comes in 4 cc. ampoules and confers 80 per cent protection. It, however, produces reactions rather frequently. In 1,232 patients, local reactions occurred in 25.3 per cent, febrile reactions in 12.3 per cent, more intense in 4 per cent, and a fever of 101 in over 2.5 per cent. These re-

actions, however, were not severe enough to contraindicate its use^{29 30}.

Adult immune serum or blood, taken from either parent who has had the disease and the more recently the better, protects in 70 per cent of cases, and is readily available. From 6 to 40 cc. of serum are necessary while twice as much blood must be used, depending on the age of the child. Syphilis or tuberculosis of the parents should be ruled out. Reactions follow the use of whole blood in a small per cent of cases. No typing is necessary^{27 28 29}.

Scarlet Fever

The present status of serum therapy in scarlet fever is difficult to evaluate. The frequency and severity of reactions to toxin and antitoxin administration seem to be the main objection to their use. Scarlet fever of today is admitted by most to be much milder than scarlet fever of the past³¹. Because of this most men do not feel justified in risking reactions to prevent or treat the disease. Another objection in the past has been that the toxin will immunize against only the toxic manifestations of the disease, and yet permit a "scarlet fever tonsillitis" to be contracted. This has been pretty well answered by numerous writers who have failed to observe any increase in tonsillitis in those immunized, or any sore throat suggesting scarlet fever without rash, or any group of symptoms, or complications, at all suggestive of the disease^{31 32}.

Nearly all writers are now agreed that the Dick test, correctly read, is a very reliable test of susceptibility to scarlet fever, as reliable perhaps, as the Shick test for diphtheria^{32 33}. Active immunization against Dick positive individuals by administration of 5 weekly injections of scarlet fever toxin in doses of 500, 2,000, 8,000, 25,000, and 80,000 skin test doses has been frequently done. In the majority of cases, after resting two weeks after the last dose by the Dick test, 91 to 98.5 per cent of the patients have been found to be negative^{31 33}. Those not have been further inoculated with additional larger doses of toxin. Only one-half per cent still remain positive³¹. The occurrence of scarlet fever among those immunized has been very small. In 3,404 children of Philadelphia who had been immunized, only three developed scarlet fever from 1932 to 1935³¹. Of 10,000 children immunized in Gary, Indiana, only nine have been reported to have contracted scarlet fever in nine years³³. Of 1,360 cases collected from various sources from the literature who have been

immunized, only seven contracted scarlet fever³². This would certainly indicate that the toxin immunizes against the disease and that the Dick test is reliable. The question of the duration of the immunity is not yet fully established. Three years at least is fairly certain, and probably much longer.

Reactions to the toxin are frequent. Of 1,825 cases immunized in Philadelphia, mild general reactions occurred in 21.5 to 30.1 per cent, and severe general reactions in from .2 to 4.2 per cent. Severe reactions varied anywhere from nausea and vomiting to an actual scarlatinal rash. Local reactions occurred in all cases, but only 11.6 to 22.4 per cent were severe, and approximately 50 per cent were moderate. There were no fatalities from inoculations³¹. So far, not enough experimental work has been done on scarlet fever toxoid, or an attenuated toxin, to draw any conclusions concerning its effectiveness. An effective toxoid, however, would seem to be the solution to active scarlet fever immunization³⁵. Because of the frequency of reactions, active immunization should perhaps be confined to Dick positive individuals in hospitals and institutions³².

Passive Immunization

Passive immunization of scarlet fever contacts by antitoxin also has the objection that frequent serum reactions are the sequelae. Reactions occur in from 22.7 to 36.3 per cent of cases^{28, 34}. Also, antitoxin administration may hypersensitize the patient against future needed serums. It must be remembered that only one in 15 persons of those exposed to scarlet fever contact the disease²⁸. A Dick test should be done on those exposed, and only to those who have a positive Dick test and where the contact has been intimate should the prophylactic dose of antitoxin be administered.

Treatment

In the treatment of scarlet fever, the severe or moderately severe cases should receive the antitoxin. While the mortality rate may not be materially altered, the incidence of complications is generally lowered. Hunt of the Durand Hospital in 2,303 scarlet fever cases reports 15.64 per cent complications in antitoxin treated cases as compared with 35.25 per cent in those not receiving it²⁸. Luchessi and Bowman of the Philadelphia Hospital for Contagious Diseases in analyzing 5,377 cases of scarlet fever from 1927 to 1929 report a definite lowering of complications in the antitoxin treated cases,

especially noted in the severe cases³⁴. In the mild cases of scarlet fever, antitoxin is perhaps not indicated because of the serum reactions which occur in over one-third of the cases.

Convalescent serum in the treatment of scarlet fever has been frequently used. Much larger quantities of it have to be used in comparison with the antitoxin as it has been proven to be low and variable in immune titre³⁶. It is frequently not available, and is expensive. Its chief advantage is in its very low incidence of reaction.

Acute Anterior Poliomyelitis

Vaccines against infantile paralysis today are considered either unsatisfactory or dangerous. Brodie's vaccine in which he uses a killed virus is thought to give only a low grade immunity if any at all. Kolmer's vaccine in which an attenuated virus is used, is considered dangerous. Twelve cases of poliomyelitis developed in children soon after administration of either first or second doses of Kolmer's vaccine. Kolmer contended that 10,000 children had been immunized and only 12 cases of the disease had developed, and that these were due to previous exposure to the disease. Nevertheless, it was pointed out that although there was no epidemic in the area in which the vaccine was given, the incidence of poliomyelitis in that area was more than the expected epidemic incidence, one case as compared with the expected one-half case in epidemics. Also, it was noted in these twelve children that the paralysis developed either in the same arm in which the injection was given, or in the contra-lateral arm, or at the level of the cord from which the nerves to the arms had their exit. This would suggest, along with other evidence, that the virus of poliomyelitis travels along the nerves into the cord, and that these cases developed from the vaccine inoculations³⁷.

The present status of poliomyelitis vaccine therapy may be summed up by Simon Flexner's statement:

"(1) No adequate evidence has been presented showing that through the action of physical or chemical agents the virus of poliomyelitis may be attenuated so as to preserve its immunizing properties while being deprived of its potential paralyzing power.

"(2) The available evidence indicates that virus exposed to injurious physical and chemical agents is either inactivated (destroyed) or merely reduced in concentration. When the virus is actually destroyed, it no longer possesses im-

munizing power; when it is reduced in concentration, it immunizes certain animals and may paralyze others.

"(3) No evidence exists showing that passage of virus through monkeys removes its power to infect and produce paralysis in man. On the contrary, we possess convincing observations which show that an indeterminate number of passages of virus through human beings does not deprive it of its potential paralyzing effects when injected into monkeys³⁸."

Convalescent serum offers some hope in the pre-paralytic stage of poliomyelitis, but its effects may be little. Fifty to 100 cc. must be given every twelve hours³⁹.

Undulant Fever

From 1926 to 1933, 7,749 cases of undulant fever were reported in the literature. The disease is either on the increase, or is being more frequently recognized in every state of the union⁴⁰.

Since the disease is characterized by periods of remission, it is difficult to evaluate either vaccine or serum therapy as a cause of improvement.

Angle of Kansas City, Kansas, reports 100 cases observed over a period of seven years. He concludes that vaccine therapy offers the best available method of treatment of both acute and chronic brucellosis⁴¹. Simpson reports 148 cases in and around Dayton. He writes that a comparison with a series of untreated control cases appears to indicate that the vaccine usually terminates or shortens the course of the disease and prevents recurrence⁴².

Reactions to vaccine therapy are often severe. Some writers go so far as to say that if the patient does not get a reaction, he does not have undulant fever, as the reaction is specific. The truth of this statement has not yet been proved^{41 42 43}.

Anti-serum therapy has been used by a few experimentators. Lee Foshay, and others have used goat serum made by inoculating goats with chemically treated bacteria. In 20 patients treated with anti-serum, they noted improvement in 14⁴⁴. McNeil of Cincinnati reports three cases with marked improvement⁴⁵. The number of patients treated with anti-serum is as yet too small to draw any conclusions, but the preliminary reports are encouraging.

SUMMARY

1. The use of vaccines in colds should be limited to those having frequent or persistent attacks.

2. Evidence is accumulating to the effect that influenza is due to a virus. Complications are due to secondary invaders.

3. Prophylactic inoculation against influenza seems to reduce the mortality rate and incidence of complications.

4. Pneumococcus vaccine seems to be a fairly effective prophylactic measure against Types I, II, and III pneumonia.

5. Type I and II pneumonia anti-serum is very effective if given early enough. A rapid method of typing is now available.

6. Pertussis vaccine, prepared from freshly isolated organisms, is apparently effective as a preventative against whooping cough.

7. Measles can be attenuated or prevented by convalescent serum, immune globulin, adult immune serum or blood in a high percentage of cases.

8. The Dick test is an accurate test of susceptibility to scarlet fever.

9. Active immunization, although effective against scarlet fever, meets with too many reactions for general adoption.

10. Reactions to scarlet fever antitoxin occur in 22.7 to 35.3 per cent of cases.

11. Passive immunity to scarlet fever should be limited to Dick positive contacts.

12. Scarlet fever antitoxin should be administered to the severe and moderate cases of scarlet fever.

13. No satisfactory prophylactic vaccine against poliomyelitis is available.

14. Reports of the uses of vaccine and anti-serum in the treatment of undulant fever are encouraging.

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PROPOSED AMENDMENTS TO THE CONSTITUTION

At the 1936 session of the Society held in Hot Springs National Park, the following amendments to the Constitution were proposed. In accordance with the Constitution they are printed in The Journal for the information of the membership.

Proposed Amendment to Article IV, Section 2, of Constitution:

"Section 2. Active Membership. The active membership of this Society shall comprise all the active members of its component societies. Only such a person is eligible for active membership in a component society as (1) possesses the degree of Doctor of Medicine, issued by a medical college which at the time such degree was conferred was approved by the Council on Medical Education and Hospitals of the American Medical Association, and (2) holds also an unrevoked license to practice medicine and surgery issued by that board of medical examiners which consists of members recommended by this Society. The eligibility requirements set forth in the preceding sentences are not to apply, however, to members in good standing on any component society at the time of the adoption of this section."

Proposed Amendment to Chapter IX, Section 5, By-Laws:

"Section 5. Each county society shall judge of the qualifications of its own members; but, as such societies are the only portals to this Society and to the American Medical Association, every reputable physician who possesses the eligibility qualifications for membership required by Article IV, Section 2, of the Constitution of this Society, and who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this Society, and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this Society. Any member of this Society who shall hereafter violate any of the provisions hereof shall be expelled from the Society. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member."

PRESIDENT'S PAGE



The election is over; prosperity seems to be moving from around the corner and there are many indications that we'll soon have him with us once more, so in view of the many things that we may be thankful for it gives me unusual pleasure to extend Christmas greetings to the members of the Arkansas Medical Society and to express the hope that the New Year will return us all to the lap of "Prosperity."

Fortunately there are no very important or unpleasant problems facing the medical profession of Arkansas but 1937 will see another Legislature in session and we've got to be on our toes to hold things as they are—more important than to put forward new legislation.

I feel that I would be remiss, at this season of "good will toward mankind," if I did not express the hope that we physicians might resolve to have a more kindly and tolerant feeling toward the other fellow during the coming year.

I'd like to paraphrase the saying, "Nothing is more dangerous than active ignorance," by saying "Nothing is more dangerous than active hating."

After reading over what I have written it sounds like a sermon but I suspect that we could all profit by a sermon now and then no matter what the source.

—GEO. B. FLETCHER.

THE JOURNAL

OF THE
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W. R. BROOKSHER, M. D., Editor

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The Journal extends Season's Greetings to the members of the Arkansas Medical Society, its advertisers and exchanges, and wishes all health, happiness and prosperity in 1937.

EDITORIAL

RESETTLEMENT ADMINISTRATION MEDICAL SERVICE

It is felt that comment should properly be directed to plans for medical service recently developed and placed into operation in certain counties of Arkansas by the Resettlement Administration. It should be appreciated that this corporation functions under a rather liberal corporate set-up, being primarily concerned with the establishment of clinics from relief rolls upon suitable farm projects, the government making necessary loans to enable the family to ultimately become self-supporting. Discussion preliminary to the establishment of medical and hospital service plans for these clinics appears to place undue emphasis upon the emergency nature of the services. In one county, we are informed, the plan has now completed its six months period of operation and has been discontinued. Possibly the other plans will follow this same course but it well behooves physicians to consider the potentialities for permanency of such plans as may be provided for emergency services. In the two counties where such a plan has been placed in operation, it has been done with the approval of the county medical society. At this time we know of but one other contemplated project; the Wright plantation area. No intimation has reached us as to whether a similar plan for medical service is in view for this project.

Complete data has been made available on one of the Arkansas projects, one aspect of which, we feel calls for most careful consideration. A co-operative health association has been established providing that any resident of the county in which the association is formed may, under the By-Laws, become a member, irrespective of his financial status. Even though as a matter of fact membership in the association is actually limited at the moment to clients of the Resettlement Administration, the fact that the By-Laws impose no such limitation raises the

question as to what will happen when the Resettlement Administration retires from relief activities. Is this period of economic stress being used to initiate a form of practice inimicable to individualistic practice? To say the least, the phraseology of the articles of incorporation is unfortunate.

Arkansas may with profit view the activities of the Corporation as operating in North Dakota where a Farmer's Mutual Aid Corporation has been formed. The articles of incorporation of this association are most embracive as to membership. Any person, irrespective of his financial status, and wherever he may reside, may be accepted as a member if he can otherwise qualify by showing any of the specified relationships to the farming industry. In this predominantly rural state, one hesitates to speculate as to how large a percentage of Arkansas citizens could qualify for membership were a similar corporation established. Furthermore, while present plans in North Dakota call for the participation of private practitioners in the scheme for the provision of medical services, the articles of incorporation specifically provide the possibility that the Corporation itself may eventually provide these facilities.

Such plans for the provision of medical care are in conflict with the Ten-Point Plan of the American Medical Association, a plan formally adopted by the Arkansas Medical Society to govern the provision of medical care under new plans which may be devised from time to time. Most important objection is the denial of right of free choice of physician.

These plans as we view them are also in conflict with others of the 10 principles adopted by this Society as a basis for the conduct of any social experiments that may be contemplated. Charged with dangerous potentialities, great caution must be exercised by physicians in establishing relationships of this type. County medical societies would do well to thoughtfully deliberate their approval of any such scheme for a change in medical practice, particularly where agencies of the government are operating under most liberal prerogatives. The cordial co-operation of the Resettlement Administration in Arkansas has been promised upon our inquiry, yet two such projects were in full operation before the state society was advised of their existence. It is earnestly requested that county medical societies who have similar plans presented for their consideration notify the state

secretary. The preservation of individualism in medicine rests solely upon aggressive, co-operative action by physicians and a keen appreciation of the fact that minor changes in medical practice of today may in all probability be the major changes of tomorrow.

COUNTY MEDICAL SOCIETY OFFICERS

The month of December brings elections in the component county societies of Arkansas, a time when The Journal feels that it may properly call to the attention of the membership the desirability of making such selections to the official family from the very best talent available. Energy, enthusiasm, tact, persistence and ability are but a portion of the qualities with which county medical society officers should be endowed in most ample amount. The efficiency and interest maintained in a given county medical society is directly proportional to the constructive and exultant leadership by which it is guided.

Of the official family, there is no question but that the most important office is that of secretary. It is he who is expected to do almost everything, including the impossible. Should he actually accomplish this, it is considered no more than he should have done; should he fail, mutterings and criticism are his lot. The sole responsibility for the program is usually left to him; an array of surgical subjects leaves the general men disinterested if not actually critical; an effort to appease the general men finds the surgeons indifferent. As for the collection of the annual assessment, he is expected to personally and repeatedly seek these amounts from the membership in widely scattered localities, and when finally tendered to accept them with most cordial thanks. Once there was a physician, a member of this Society, who took himself to his checkbook on January 1st and forthwith mailed a check for his annual dues to his county society secretary. We say once there was! The climax to these troubles occurred to a secretary who finally collected the dues of one member on December 22nd, to be upbraided on December 26th because the Christmas mails had delayed receipt of the membership card.

Fortunate is the Arkansas Medical Society that after sixty-two years of existence, it is still possible to find so many capable and willing "Georges" who will assume this burden for the good of organized medicine, taking all blame, fancied or real, and cheerfully letting the praise fall where it may. It is to these yeomen in the

Arkansas Medical Society that we extend public appreciation for their continued loyalty and self-sacrifice without which the Society would indeed be a sorry organization.

OBSTETRIC COURSES

Final plans for the refresher courses in obstetrics to be conducted in Arkansas through the cooperation of the Arkansas Medical Society, the Arkansas State Board of Health and the Children's Bureau, U. S. Department of Labor are complete. The courses will be conducted according to the following schedule:

Jonesboro—Elks Club, January 4th through 8th.

Harrison—Hotel Seville, January 11th through 15th.

Fort Smith—St. Edwards Mercy Hospital, January 18th through 22nd.

Hope—February 8th through 12th.

Monticello—February 15th through 19th.

Conway — Masonic Hall, February 22nd through 26th.

The courses will be conducted in daily two-hour periods, Monday to Friday, in each city, the hours selected being five to seven o'clock in the afternoon. The principal subjects discussed will be: The Treatment of Hemorrhage in Pregnancy, Prenatal Care and the Toxemias of Pregnancy, Puerperal Infection; Its Prophylaxis and Treatment, The Management of Breech Presentation, The Management of Labor in the Contracted Pelvis and Forceps Delivery. The lectures will be supplemented by motion pictures, lantern slides and manikin demonstrations.

The lectures will be conducted by Dr. M. Edward Davis, Associate Professor of Obstetrics and Gynecology, University of Chicago Medical School and Attending Obstetrician to the Chicago Lying-in Hospital. Dr. Davis is well qualified to present the subjects to the profit of all physicians in attendance and The Journal hopes that all physicians in the state who are interested in obstetrics will attend the lectures conducted in their vicinity. The course is open to all licensed physicians, but to such physicians only, and is presented without fees or charges of any kind to the individual physician.

Attendance at a reasonable number of medical meetings is significant of an effort to keep one's medical information dated today.—Dr. R. L. Sensenich, president, Indiana State Medical Association.

EDITORIAL COMMENT

SECRETARIES' CONFERENCE

The Second Annual Conference of County Medical Society Secretaries in Arkansas will be held in Little Rock early in January, 1937. A definite date will be later announced. Among the speakers who will address the meeting are: President Fletcher, Val Parmley, A. S. Buchanan, and W. B. Grayson. Attendance at the 1936 session was good; it is hoped that even a better attendance of county society secretaries will prevail at the 1937 conference. It is requested that secretaries who have problems which they wish discussed will write the state secretary so that provision may be made for their inclusion in the final program.

PROCEEDINGS OF SOCIETIES

The Sebastian County Medical Society program for November 10th was a Symposium on Gallbladder Disease with the following speakers: C. T. Chamberlain, "Medical Treatment," and A. F. Hoge, "Surgical Treatment." The Society adopted resolutions advocating compulsory immunization of children against diphtheria and for furnishing a certified birth certificate to each new-born child.

The Prairie County Medical Society met at DeValls Bluff October 29th with the following guest speakers from Little Rock addressing the meeting: F. Walter Carruthers, J. N. Compton and Geo. F. Jackson. A fish dinner was served after which the following officers were elected: President, William Parker, DeValls Bluff; Vice-president, Luke Parker, Dealls Bluff; Secretary-treasurer, J. C. Gilliam, Des Arc; Delegate, J. C. Gilliam, Des Arc, and Alternate, Edward Adams, DeValls Bluff.

J. C. Gilliam, Secretary.

The following eye, ear, nose and throat specialists met at the Holt-Krock Clinic, Fort Smith, October 30th: R. H. Huntington, Fayetteville; E. H. Coachman, O. M. Fullenwilder and M. H. Thompson, Muskogee, Oklahoma; and J. C. Ogden, H. Moulton, L. M. Henry, Louise Henry and R. T. Smith. The following case reports were presented: "Sarcoma of the Orbit," R. E. Smith; "Bilateral Corneal Scarring and Symblepharon following Pemphigus," J. C. Ogden, and "Intractable Eczema of the External Auditory Canals," R. H. Huntington.

The Tri-State Medical Society was addressed at its session in Longview, Texas, by S. B. Hinkle, Little Rock, "Obstetrical Case Management"; Wm. Hibbitts, Texarkana, "A Few Remarks About Prostatic Resection," and L. J. Kosminsky, Texarkana, "A Few Suggestions on Medical Economics."

The Arkansas County Medical Society was addressed October 13th by H. Fay H. Jones, Little Rock, "The Treatment of Gonorrhea," and Val Parmley, Little Rock, "Conservative Treatment in Acute Brain Injuries."

The Mississippi County Medical Society met at Blytheville November 10th for the following program: "Toxemias of Pregnancy," M. J. Roach, Jr., "Non-surgical Treatment of Gallbladder Disease," Samuel Blackwell, and "Urethral Stricture," C. D. Allen, all speakers of Memphis.

F. D. SMITH, Secretary.

The Randolph-Lawrence County Medical Society met at Walnut Ridge November 10th as guests of J. C. Land. The scientific program was by H. O. Walker, Newport, "Acute Gangrene of the Leg" and E. L. Gibson, Alicia, "Infections."

CHAS. D. TIBBELS, Secretary.

The Benton County Medical Society was addressed at its dinner meeting held in Rogers November 12th by Sam Grantham, Jr., "Intestinal Obstruction: Diagnosis and Treatment," and Paul Walker, "Chronic Prostatitis: A New Method of Treatment," both speakers of Joplin.

GEO. M. LOVE, Secretary.

CORRECTION

In the article "Glaucoma Simplex: Some Problems" by Dr. H. Moulton, Fort Smith, an error appears in the next to the last sentence of the first paragraph under etiology which is in entire disagreement with the author's manuscript. This sentence should read: "But Luedde, at the meeting of the American College of Surgeons in Saint Louis in 1932 called attention to the fact that atropine administered internally in amount insufficient to cause dilation of the pupil could cause increased tension. I have had one such case." The Journal regrets this error.

PERSONALS AND NEWS ITEMS

A. A. Blair has been elected surgeon of the Fort Smith post, Veterans of Foreign Wars.

W. R. Hunt has been elected a steward of the Clarksville Methodist Church.

T. Duel Brown, Little Rock, recently spent two weeks at the Mayo Clinic in postgraduate study.

W. W. Brown has moved from Williford to Hardy.

Speakers before the Southern Medical Association at its Baltimore session were: W. T. Wootton, Hot Springs National Park, "The Spa Treatment of Chronic Arthritis"; H. G. Hummell, Little Rock, "The Management of Chronic Relapsing Amebiasis"; K. W. Cosgrove, Little Rock, "Sarcoma of the Choroid" and W. B. Grayson, Little Rock, and W. Meyers Smith, Morrilton, "Childhood Type Tuberculosis."

Ralph Weddington, Fort Smith, spent an October vacation in Missouri.

B. B. Bruce, Alma, has been elected coroner of Crawford County.

Frank Engler, Mountainburg, visited clinics in Kansas City during October.

E. Baker has been elected surgeon of the Dermott American Legion post.

The Frisco System Medical Association meeting October 26-27th at Springfield, Missouri, was attended by the following: C. A. Bates, Lake City; B. B. Bruce, Alma; W. J. Curry, Rogers; E. F. Ellis, Fayetteville; A. A. Gilbert, Fayetteville; C. L. McNeil, Rogers; W. H. Mock, Prairie Grove; R. C. Shanlever, Jonesboro, and W. R. Brooksher, Fort Smith. E. F. Ellis was elected second vice-president and the session was addressed by W. R. Brooksher on "The Roentgenological Study of the Hip Joint."

The following were elected officers by the First Councilor District Medical Society: J. C. Land, Walnut Ridge, President; F. L. Husband, Blytheville, Vice-president, and F. D. Smith, Blytheville, Secretary. The next meeting of the society will be held at Blytheville.

"My Results with Ionization Treatment in Nasal Allergy" by Virgil Payne, Pine Bluff, appeared in the October Tri-State Medical Journal.

In attendance at the American Public Health Association meeting in New Orleans during October were: W. B. Grayson, T. T. Ross and T. M. Fly, Little Rock; J. K. Grace, Arkadelphia; W. B. Bruce, Marvell; Myers Smith, W. P. Scarlett, Morrilton, and A. M. Gibbs, Hamburg.

Recent elections in American Legion posts are: J. S. Wilson, Surgeon, Monticello; W. A. Moore, Commander, Rogers, and H. C. Brooks, Surgeon, Conway.

Glenn H. Johnson, Little Rock, has been elected a Fellow of the American College of Surgeons.

The Arkansas Nurses' Association was addressed at its Fort Smith session by D. W. Goldstein, C. T. Chamberlain, Fort Smith, and R. J. Turner, Fayetteville.

Dr. and Mrs. R. T. Smith, Fort Smith, spent an October vacation in Mississippi.

Dr. and Mrs. F. H. Krock, Fort Smith, spent the month of November in the East, Dr. Krock taking postgraduate study at Massachusetts General Hospital.

J. B. Jameson recently addressed the Camden Rotary Club.

J. C. Pate, Leslie, has moved to Olney Springs, Colorado.

B. V. Powell has been elected surgeon of the Camden post, Veterans of Foreign Wars.

Roy Millard has moved from Dardanelle to Russellville to become associated with the Smith-Gardner Clinic.

F. Walter Carruthers, Little Rock, attended the Clinical Orthopedic Society meeting in Dallas during October.

Dr. and Mrs. W. T. Wootton, Hot Springs National Park, took an extended trip during November visiting in Virginia and attending the Southern Medical Association in Baltimore.

RANDOM THOUGHTS OF THE SECRETARY

October 17th. With considerable strain on our cardiac muscle we watch the North Little Rock-Fort Smith gridiron contest, the enemy passing providing a full complement of thrills. Observing little Eva Foster wearing her hat in a most pert manner, a paternal heritage, now completely subtracted from his attributes.

October 19th. Visiting Means and astounded to discover that he provides two reception rooms for his clientele. This at a time when we have been considering sub-leasing the space we hopefully reserved for patients.

October 2st. Present for a demonstration of a new therapeutic mode—Wolfermann demonstrates the advantages of wrestling holds in the management of excitable drunks. Memo: Parmley should get next to this.

October 23rd. We ascertain in the course of a routine history that the patient's father was a sufferer from a tear in the diaphragm which permitted his stomach to wander "all about" and that his death resulted from starvation. Meditating over gastric wanderlust of such degree that the prodigal stomach could never be located by the esophagus tendering conciliatory gifts in the form of food.

October 24th. Attending the initial dance of the Cotillion Club as one of the group of younger physicians present. We learn of Tommy Foltz's immediate postnuptial interest in tachycardia.

October 25th. Arriving one A. M. in Springfield, we take one of those ten cent taxis, this being a taxi which carries five or six other passengers to four different destinations, the last of which is yours.

October 26th. Elaborating upon our discussion of the roentgenological study of hip joints, a speaker calls attention to a book on the shoulder joint. Closing the discussion, we facetiously intimate that our presentation is but preliminary to a book by us on the subject. Imagine our consternation when two of the audience later approach us and give orders for the book. How does one go about writing a book? Announcement is made that advance orders will be received at this time. (Advertisement.)

October 28th. This day largely given to arranging the publicity for the obstetric refresher courses. But another of the jobs of a secretary.

October 31st. Our domicile and grounds pass relatively unscathed through a night when youth gives free rein to its spirits.

November 2nd. Ned Skinner, that hard-hitting individualist, encourages us in our efforts as an editor. The first fan letter to this column since August.

November 3rd. President Roosevelt's election day.

November 4th. Contemplating the mandate of the people as expressed yesterday, we pause to deliberate what encouragement may avail us in the President's statement that the medical profession has nothing to fear from this government. So long as we demonstrate our ability to wisely guide the choice of method for medical care in these United States and our citizenry love democracy as opposed to regimentation, so long will individualism flourish in the practice of medicine, as in other lines of endeavor.

November 5th. This day we establish beyond all doubts for ourself and countless jesting friends that soft tissue roentgen-ray shadows are not to be depended upon for sex determination.

November 7th. We do "Homecoming" at Fayetteville with some 8,000 old grads, friends of the institution and others. The Razorbacks demonstrate that theirs is not only a passing game. We are carried back by line-plunging tactics to those long ago days when we handled the ball, a mere 140-pound (incredible days, at that) quarterback behind a 207 pound center, one of the great days being that one when we projected ourself forward between these gigantic legs to place the ball upon the goal line for a gain of one yard, a gain as diminutive as ourself, but a gain for game.

November 9th. The second fan letter for the month reaches this column, George Jackson patting us on the back.

November 10th. Chosen to preside over a meeting of Sebastian County Medical Society, gifts in the form of two sacks of peanuts are promptly passed forward to us, the exact significance of which we decline to ponder. The Public Relations Committee delivers itself of two epoch-making resolutions; advocating compulsory school child immunization against diphtheria and the furnishing of certified birth certificates to each newborn child. These appear to us most commendable.

PROMISES—PREJUDICES—PROPAGANDA

Candidates for elective offices are now advancing proposals and making promises to do certain things if elected. Ill-advised campaign proposals, believed to have popular appeal, may later be enacted into laws, bringing unhappy consequences to the public and to the legislator. Medical legislation is not being proposed generally at this time. Candidates may have little knowledge of the underlying requisites for good medical service. Some may be misguided by unfounded presumptions or personal prejudices which they assume to be the general viewpoint. Others may follow the suggestions of medical propagandists.

Organized medicine has a definite responsibility to both the public and the legislator in that it is the only group competent to advise in medical matters. Whenever the public has come to a realization of the probable consequences of the establishment of various schemes for control of medical service, it has definitely disapproved of the proposal. Lay groups, having great political influence, and those who would receive the medical service have stated that they do not wish such changes.

The staggering cost of government-supplied medical service in any of its forms would not be accepted willingly by an already tax-burdened public.

Informed people object to the degradation of the quality of medical service for the many in order to make an impractical gesture toward the relatively few—the marginal fringe of economic distress. Experience reveals tremendous abuses resulting from the invitation to the individual to capitalize his personal inadequacy in terms of medical service and benefit payments.

The individual whose financial need is accidental—a matter of bad fortune—wishes only an opportunity to provide himself, and resents the prospect of regimentation and provision of unsatisfactory medical service from compulsory deductions from his earnings.

The designation of a physician by a political agency does not necessarily inspire confidence in that physician. The thinking man will not willingly give up his right to select his most confidential advisor in return for the doubtful security of a medical service purchased with his money but controlled by a political agent.

The attitude of candidates should be known and they should be informed as to the medical and social aspects of sickness, and the general attitude of influential public groups.

The American Medical Association and its constituent and component organizations have no political party affiliations and must not be drawn into party politics. They cannot, however, be released from the obligation to advise and direct their efforts to protect the individual who is ill.

To any suggestion that the medical profession has a selfish interest, it may be pointed out that sociologists emphasize that every interest can be safeguarded and provided for most effectively by those who know that interest most intimately. To have less interest and less knowledge must result in bungling measures. The patient and the physician are concerned in maintaining the quality of medical service for the welfare of both.

Medical organizations owe no apologies for their interest or inquiry into the attitude of candidates for office. Such investigation is the responsibility of local medical organizations, and this communication is prompted by the suggestion that in some communities this obligation may have been overlooked.

COMMITTEE ON LEGISLATIVE ACTIVITIES ON THE AMERICAN MEDICAL ASSOCIATION

E. H. Cary, M. D., Chairman

C. B. Wright, M. D.

J. H. J. Upham, M. D.

F. S. Crockett, M. D.

R. L. Sensenich, M. D. Sec'y.

EDUCATIONAL MATERIAL ON CANCER AVAILABLE IN ARKANSAS

SLIDES

Tumors of the Breast (medical)..... Dr. D. W. Goldstein
Dr. H. S. Thatcher

Tumors of the Uterus (medical) .. Dr. D. W. Goldstein

FILMSTRIPS

Carcinoma of the Breast (medical) Dr. D. W. Goldstein
Dr. H. S. Thatcher

Tumors of the Uterus (medical)..... Dr. D. W. Goldstein

Fight Cancer With Knowledge..... Dr. D. W. Goldstein
(For women's clubs, luncheon Dr. H. S. Thatcher
clubs and other lay audiences)

Cancer: Its Life History and Practical Measures
for Its Control..... Dr. D. W. Goldstein
(For university students, nurses, Dr. H. S. Thatcher
etc.)

FILMSTRIP PROJECTORS Dr. D. W. Goldstein
Dr. H. S. Thatcher

FILM AND PROJECTOR (movie)..... Dr. H. S. Thatcher
8 minute Canti film (for medical profession,
medical students, nurses, etc.)

SYMPOSIA ON TUMORS OF BREAST AND

UTERUS Dr. D. W. Goldstein
Dr. M. J. Kilbury

County medical societies desiring to present cancer programs at either medical or lay meetings will please communicate with one of the following:

Dr. D. W. Goldstein, 100 South 13th St., Fort Smith.

Dr. J. S. Stell, Medical Arts Building, Hot Springs National Park.

Dr. M. J. Kilbury, 926 Donaghey Bldg., Little Rock.

Dr. H. S. Thatcher, University of Arkansas School of Medicine, Little Rock.

WOMAN'S AUXILIARY PAGE

MRS. H. E. MURRY, Publicity Secretary, Texarkana.

MRS. H. E. MURRY

The board of the Womans' Auxiliary to the Arkansas Medical Society met at the Albert Pike Hotel with Mrs. J. T. McLain, President, presiding. The following committee chairmen for the year were present:

Organization, Mrs. W. E. Gray, Jr., Hot Springs National Park.

Education and Public Health, Mrs. C. E. Kitchens, DeQueen.

Ilse F. Oates Loan Fund, Mrs. Charles E. Oates, Little Rock.

Hygeia, Mrs. L. J. Kosminsky, Texarkana.

Public Relations, Mrs. J. A. Crawford, El Dorado.

Constitution and By-laws, Mrs. S. A. Collom, Texarkana.

Memorial, Mrs. R. C. Kory, Little Rock.

Finance, Mrs. S. J. Wolfermann, Fort Smith.

Exhibits, Mrs. D. W. Goldstein, Fort Smith.

Physical Health Examination, Mrs. H. T. Smith, McGehee.

Archives, Mrs. C. K. Townsend, Arkadelphia.

Officers for the year are: President-elect, Mrs. Curtis Jones; First Vice-president, Mrs. Gray; Second Vice-president, Mrs. Kitchens; Third Vice-president, Mrs. Crawford; Fourth Vice-president, Mrs. Kosminsky; parliamentarian, Mrs. M. J. Kilbury; Historian, Mrs. C. W. Garrison; Secretary, Mrs. S. C. Fulmer; Treasurer, Mrs. Loyce Hathcock; Publicity Secretary, Mrs. H. E. Murry, and Councillors, Mrs. William Hibbitts, Mrs. B. A. Rhinehart, Mrs. P. H. Phillips, Mrs. W. R. Brooksher and Mrs. Marcus Smith.

Plans for the year were discussed and Mrs. McLain stressed the need for a yearly physical examination. The auxiliary board consists of officers, county auxiliary presidents and committee chairmen.

On October sixth the Washington County Medical Society entertained with a dinner at the Washington Hotel honoring the doctors. Doctor Mock was the guest speaker for the evening.

The Washington County Medical Auxiliary held the first work meeting on October 21st, at the home of Mrs. R. H. Huntington. Supplies were made for the City Hospital. Refreshments were served by the hostess.

MRS. A. H. HATHCOCK.

Friday, October 23rd, the Woman's Auxiliary of Bowie and Miller Counties Medical Societies had as guests Mrs. R. B. Homan of El Paso, president of the Texas State Medical Auxiliary, and Mrs. J. T. McLain, president of the Arkansas State Medical Auxiliary. A luncheon was given in their honor in the palm room of the Grim Hotel. The table was an autumn picture in artistically arranged bowls of Mexican sunflowers. Mrs. H. E. Murry, Mrs. Allen Collom, Jr., Mrs. L. J. Kosminsky and Mrs. William Hibbitts were general chairmen. Mrs. Homan spoke on the subject, "Are We Really Allies of the Medical Profession?", and Mrs. McLain's subject was "The What and How of Health and Happiness." Mrs. Albert

Mann, President of the Texarkana Auxiliary, presided over the luncheon. At the conclusion the group went to Hillcrest Cemetery where a marker was unveiled as a memorial to the late Mrs. Preston Hunt who passed away while serving as president of the Texas Auxiliary. Mrs. Homan gave a beautiful tribute to Mrs. Hunt who lives in the memories of Texarkanians as one of her finest women of all time.

The Independence County Medical Auxiliary met at the home of Mrs. O. J. T. Johnston October 12th following a dinner at the Country Club for members of the district medical society.

The president, Mrs. Calvin A. Churchill, presided over the business session which preceded the program, announcing the following committees for the ensuing year.

Program, Mrs. L. T. Evans; Social, Mrs. O. J. T. Johnston; Public Relations, Mrs. J. H. Kennerly; Education and Public Health, Mrs. O. L. Bone; Constitution and By-laws, Mrs. J. M. Hooper; Hygeia, Mrs. R. C. Dorr; Memorial, Mrs. V. D. McAdams; Public Health Examination, Mrs. T. N. Rodman; Telephone, Mrs. Frank A. Gray.

Mrs. L. T. Evans was leader of program taken from "Wonders of the Medical World," the theme of the year's study.

The program was as follows: "Modern Miracle," Mrs. Churchill; "Contact Lenses," Mrs. R. C. Dorr; "Indomitable Curies," Mrs. C. G. Hinkle.

The program was concluded with a clever original poem, "A Movie Fan's Lament," written by Mrs. Evans.

A social hour followed during which the members enjoyed a box of bon-bons presented to the auxiliary from a local drug store.

Out-of-town members present were Mrs. P. H. Jeffery of Bethesda, Mrs. O. L. Bone of Newark, Mrs. V. D. McAdams of Cord, Mrs. W. H. Estes of Sage, Mrs. H. H. Brown of Walnut Grove and Mrs. I. M. Huskey of Cave City.

Local members present were Mesdames J. H. Kennerly, L. T. Evans, Frank A. Gray, R. C. Dorr, C. A. Churchill, C. G. Hinkle and O. J. T. Johnston.

AUXILIARY RESUMES PROGRAM

The Sebastian County Medical Society resumed its program of regular meetings Monday, October 12th, at a 1:00 o'clock luncheon session at the Woman's Club House. Mrs. S. J. Wolfermann, President, and Mrs. Pierre Redman, Vice-president, were the hostesses. Mrs. Wolfermann announced the standing committee chairman and workers for the 1936-37 season as a preliminary to resumption of activities. They are: Public Health and Program, Mrs. Walter Eberle, chairman, and Mrs. Arthur Hoge; Hygeia, Mrs. D. W. Goldstein; Telephone, Mrs. F. H. Krock, chairman, and Mrs. I. Fulton Jones; Public Relations, Mrs. Everett C. Moulton, chairman, and Mrs. J. S. Southard; Membership, Mrs. S. P. Stubbs; Courtesy, Mrs. Eugene Stevenson; Exhibit, Mrs. W. R. Brooksher. Officers besides the president are Mrs. Pierre Redman, Vice-president; Mrs. M. E. Foster, Secretary;

Mrs. Raymond T. Smith, Treasurer; Press and Publicity, Mrs. W. F. Rose.

Program speakers were Mrs. Goldstein and Mrs. Redman. Mrs. Goldstein reported on meeting of the American Medical Association and Auxiliary which was held in Kansas City. Mrs. Redman reported on the Arkansas Medical Society conference which was held in Hot Springs. Mrs. I. Fulton Jones reviewed an article taken from *Hygeia*. Mrs. Tommie Foltz, a bride of the season, was a guest of the auxiliary.

Sixteen members were present. They were: Mrs. S. J. Wolfermann, Mrs. Pierre Redman, Mrs. Walter Eberle, Mrs. Eugene Stevenson, Mrs. J. S. Southard, Mrs. A. F. Hoge, Mrs. E. C. Moulton, Mrs. Everett Foster, Mrs. Tommie Foltz, Mrs. D. W. Goldstein, Mrs. S. P. Stubbs, Mrs. G. G. Woods, Huntington, Ark.; Mrs. C. S. Bungart, Mrs. I. Fulton Jones, Mrs. J. C. Amis, Mrs. B. B. Bruce, Alma, Ark.

A most enjoyable social hour followed the luncheon and program.

MRS. W. F. ROSE, Publicity Chairman.

AUXILIARIES HOLD LUNCHEON

Thirty members of the auxiliaries to the Washington and Sebastian County Medical societies formed a luncheon party at Nob Hill ranch on U. S. highway 71 near Winslow November 9th.

Although no formal program was given, short talks on the organization work were made by the officers and committee chairmen, and the Sebastian County Auxiliary voted to renew subscriptions to "*Hygeia*," health publication of the American Medical Association, to 15 schools and educational institutions in Sebastian county. Mrs. S. J. Wolferman, president of the local unit, presided, assisted by Mrs. Fount Richardson, Fayetteville, president of the Washington County Auxiliary.

Besides the two presidents, who outlined future programs and told of the work that already has been accomplished by their respective organizations, speakers were Mrs. Fred R. Morrow, Fayetteville; Mrs. E. C. Moulton, chairman of public relations of the local auxiliary; Mrs. Walter Eberle, program and public health chairman; Mrs. D. W. Goldstein, "*Hygeia*" chairman.

Schools to which subscriptions of "*Hygeia*" will be renewed are Massard, Central, Barling, Lavaca, Bloomer, Carnall, Fort Smith, Maness, Ursula, Midland, Mansfield, Huntington, Cavanaugh and the Rosalie Tilles Children's home and the Young Women's Christian Association.

Present for the luncheon were Mrs. Richardson, Mrs. Morrow, Mrs. Hugh Henry, Mrs. R. T. Henry, Mrs. Alfred Hathcock, Mrs. E. F. Ellis, Mrs. Ralph W. Steele, Mrs. Preston L. Hathcock, Mrs. Frank W. Gordon, Mrs. Herbert H. Howze, Mrs. J. W. Walker, Mrs. Max McAllister, Mrs. P. L. Hathcock, Sr., and Mrs. R. H. Huntington of the Washington County Auxiliary; Miss Elizabeth Ellis of Fayetteville, and Mrs. Wolferman, Mrs. A. A. Blair, Mrs. Raymond Smith, Mrs. D. W. Goldstein, Mrs. B. B. Bruce, Mrs. Walter Eberle, Mrs. Everett Foster, Mrs. C. S. Bungart, Mrs. E. C. Moulton, Mrs. A. F. Hoge, Mrs. J. S. Southard, Mrs. I. Fulton Jones, Mrs. W. R. Brooksher, and Mrs. I. F. Jones of the local unit; and Mrs. S. P. McConnell, of Booneville.

MRS. W. F. ROSE, Publicity Chairman.

Woman's Auxiliary of the Sebastian County Medical Society.



True Christmas Cheer . . .
Help to Make Others Healthy



The National, State and Local Tuberculosis
Associations of the United States

WHAT EVERY WOMAN DOESN'T KNOW—HOW TO GIVE COD LIVER OIL

Some authorities recommend that cod liver oil be given in the morning and at bedtime when the stomach is empty, while others prefer to give it after meals in order not to retard gastric secretion. If the mother will place the very young baby on her lap and hold the child's mouth open by gently pressing the cheeks together between her thumb and fingers while she administers the oil, all of it will be taken. The infant soon becomes accustomed to taking the oil without having its mouth held open. It is most important that the mother administer the oil in a matter-of-fact manner, without apology or expression of sympathy.

If given cold, cod liver oil has little taste, for the cold tends to paralyze momentarily the gustatory nerves. As any "taste" is largely a metallic one from the silver or silverplated spoon (particularly if the plating is worn), a glass spoon has an advantage.

On account of its higher potency in Vitamins A and D, Mead's Cod Liver Oil Fortified With Percomorph Liver Oil may be given in one-third the ordinary cod liver oil dosage, and is particularly desirable in cases of fat intolerance.

COMING MEDICAL MEETINGS.

Ninth Councilor District Medical Society, Harrison, December 1st.

Medical Association of the Missouri Pacific Railroad, Little Rock, January 29-30, 1937.

Arkansas Medical Society, Little Rock, April 12, 13, 14, 1937.

American Medical Association, Atlantic City, June 7-11, 1937.

BOOK REVIEWS

A Diabetic Manual. By Edward L. Bortz, A. B., M. D., F. A. C. P., Associate Professor of Medicine, Graduate School of Medicine, University of Pennsylvania; Chief of Medical Service B, The Lankenau Hospital, Philadelphia. Pp. 222. Illustrated. Philadelphia: F. A. Davis Company, 1936.

Dr. Bortz has written an excellent work of interest in particular to the student and general practitioner. Diabetes is discussed in all phases of its pathological physiology and its treatment as a distinct entity. Moreover the management of the diabetic patient outside of institutions is discussed in detail. This should be extremely helpful to those practicing in small communities with limited laboratory facilities. A portion of the book is devoted to complications of diabetes and to diabetes as a complication of other diseases. This portion is especially well done and should prove to be a great help to the general practitioner and general surgeon who are so situated that an internist cannot be consulted as to the management of the diabetic patient when surgery becomes necessary.

A Manual of Pharmacology. By Torald Sollmann, M. D., Professor of Pharmacology and Materia Medica in the School of Medicine of Western Reserve University, Cleveland, Ohio. Fifth Edition, Entirely Reset. 1190 pages with 22 illustrations. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, \$7.50 net.

Professor Sollman has written a most excellent pharmacology from the standpoint of completeness and arrangement, equally valuable as a text or reference. Not only are the drugs and their derivatives discussed in detail as to basic composition and mode of action but a complete discussion is given of their indication and dosage in disease as well as a complete discussion of the altered physiology due to the disease thereby clearly setting forth the reason for administering the drug and not merely stating that the drug is given as a remedy for certain pathological lesions as is true of so many texts of this nature.

Of particular value is the use of two sets of type which enable the busy practitioner to read the essential facts which he wishes to know concerning the drug, without the detailed or complicated chemical formula and other items of academic interest. The relationship of pharmacology to therapeutics and toxicology is equally noteworthy.

Endocrinology in Modern Practice: By William Wolf, M. D., M. S., Ph. D. 1018 pages with 252 illustrations. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, \$10.00 net.

There has been no phase of medicine during the past two decades in which there has been so much confusion regarding the practical application of its concepts than has existed in endocrinology. The need for a textbook that would crystallize the practical information for ready reference and application has long been felt. It is with this purpose in mind that Dr. Wolf, who is particularly fitted both by ability and experience, has prepared this unusually fine presentation of the diseases of the ductless glands. It is a book which is destined to be gratefully received by the profession. Each gland is considered separately as regards its anatomy, embryology, physiology, biology, chemistry and relation to other glands; an excellent clinical discussion of the various

pathological pictures presented by each gland; therapeutic measures proposed are limited entirely to practical application—the theoretical and experimental considerations that have been so burdensome to the casual reader in preceding texts are conspicuously absent. The book is rich in recent information concerning every phase of endocrinology and should prove to be of great aid to the student and practitioner alike in meeting everyday problems in this field.

Surgical Clinics of North America. Issued serially, one number every other month. Volume 16, Number 3. New York Number, June, 1936. 277 pages with 79 illustrations. Per Clinic year February, 1936, to December, 1936. Paper, \$12.00; Cloth, \$16.00 net. Philadelphia and London: W. B. Saunders Company, 1936.

This number opens with a symposium on the surgical relief of pain, especially concerning unrelievable pain. It is indeed gratifying that the profession is studying ways and means of relieving these unfortunate individuals who suffer from pain to the extent of becoming opium habitues.

There are many other valuable contributions to this issue which keep up the high calibre of articles that are presented from different cities every two months. Among the articles are one on diagnosis and treatment of common infections of the hand; one on use of living fascial sutures in difficult abdominal hernias and one on the injection treatment of hydrocele.

Exophthalmic Goiter and Its Medical Treatment. By Israel Bram, M. D., Medical Director, Bram Institute for the Treatment of Goiter and other Diseases of the Ductless Glands. Second Edition. Pp. 456. 79 illustrations. Price \$6.00. Saint Louis: C. V. Mosby Company, 1936.

From his experience with 5,000 cases of exophthalmic goitre, the author has formulated a theory of etiology, considering the disease a neuro-endocrine dysfunction. The exact nature of this dysfunction is not made clear. Of considerable etiological importance is the fact that the disease follows psychic trauma in about 90 per cent of all cases. The author's success in the medical care of the disease should not lead the physician to discount the value of surgery in the treatment of this condition.

A Text-Book of Physiology, for Medical Students and Physicians: By William H. Howell, Ph. D., M. D., Sc. D., LL. D., Emeritus Professor of Physiology in The Johns Hopkins University, Baltimore. Thirteenth Edition, Thoroughly revised. 1150 pages with 308 illustrations. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, \$7.00 net.

The present thirteenth edition of Howell's Physiology, which has long been a standard text in most of the American medical schools, represents as nearly complete a revision of the subject as is possible to prepare at the present time. The tremendous advances that have been made in all the branches of physiology, and particularly in those of biochemistry, have been correlated in a fashion which has made Howell's text one of the best-liked and most used during the past two decades.

Most men in general practice will find this book interesting reading and extremely informative in many matters of living physiology, a phase of medicine that is so commonly neglected and scorned. Students will continue to use it because it still remains the clearest and the best standard text available for purposes of basic training.

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RETRODISPLACEMENT OF THE UTERUS*

MARTIN C. HAWKINS, JR., M. D., F. A. C. S.

Searcy

In discussing uterine displacements, it must be remembered that the uterus has no constant position but changes with the position of the patient, and should not be considered grossly abnormal in position unless it is permanently fixed so as to produce symptoms.

Symptoms often thought to be due to a mal-position of the uterus may be traced to some orthopedic pathology in the region of the lumbo-sacral, or sacro-iliac joints, or to some other condition such as flat feet. Pathology in the urinary tract, such as renal or ureteral calculi often causes pain in the posterior pelvis. It is not uncommon to have pelvic symptoms disappear following thorough evacuation of the lower colon or the correction of some rectal pathology such as hemorrhoids and fissures.

Retro-displacements, both version and flexion, may be considered under two main headings, namely: (1), Uncomplicated and (2), Complicated. The uncomplicated type is a freely movable uterus normal insofar as pathology is concerned but in a retro-position. It may be the congenital, or infantile type, due to an endocrine disturbance, or the acquired type which too often follows child birth.

The complicated type: In addition to the retro-displacements it may be complicated (a) because of parametrial or adnexal pathology or pelvic tumors, (b) because of pregnancy with incarceration, and (c) because of cystocele, rectocele, and procidentia.

Treatment: Prevention is the most important consideration since there is no type of plastic surgery which will absolutely restore pelvic organs and structures to normal once they have been torn apart. Of the preventative measures,

prenatal care, conservative delivery, often including an episiotomy and at times a cesarean section, postnatal care including sufficient rest in bed, and cauterization of cervix, if necessary, help a great deal. It is sometimes necessary to replace the uterus manually and use a pessary in conjunction with hot douches and postural exercises, beginning about the second week and continuing two or three months following parturition.

Uncomplicated type: The infantile uterus may be improved if endocrine therapy is resorted to early enough in childhood. As for the acquired, uncomplicated type of retro-displacement there is one and only one thing to be done: to record its existence on the patient's chart and then forget about it. The uncomplicated type of retro-displaced uterus is probably the cause for more "mutilectomies" by surgical salesmen than any other organ of the body, so I repeat again: let this type of uterus alone.

The complicated: If because of pregnancy; rest in bed, manual replacement and the use of Smith or Hodge pessary for the first half of pregnancy will usually take care of the condition. If because of intra-abdominal pathology, and reasonably conservative measures have failed; then open the abdomen, correct the existing pathology, shorten the ligaments, repair the pelvic floor and diaphragm. If because of a rectocele, cystocele, and not more than a second degree prolapse, surgery is indicated.

Believing that the uterus receives its support from below rather than being suspended from above I employ a vaginal operation (not original) which has been more satisfactory for me than any other method I have used, yet it is only an additional step in an ordinary advanced cystocele operation.

After entirely freeing the bladder from the vaginal wall and uterus except for its peritoneal attachment, it is restored high up in the pelvis. The utero-pubic fascia is then sutured to the anterior surface of the uterus and the broad lig-

*Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

aments are secured about one-half inch from their cervical attachments and sutured together, anterior to cervix, by means of mattress sutures. This procedure raises the uterus, throws the cervix posteriorly and tilts the fundus anteriorly. The cystocele operation is then completed in the usual manner. The rectocele which has helped to drag the uterus down because of the rectal attachment to the posterior vaginal wall where it joins the cervix, is then repaired along with a repair of the perineal body. Post-operatively, the bladder is kept empty by means of a plain, soft rubber retention catheter, the patient remaining on her abdomen as much as possible.

This operation, by removing the weight of the uterus, allows the pelvic ligaments to undergo a post-operative involution and regain tonicity. It is a comparatively safer procedure because it is extra-peritoneal and, most important, it reconstructs and reinforces where the damage has actually taken place.

Conclusions: 1. Uncomplicated retro-displacements usually do not produce symptoms. Look for orthopedic, urologic, and lower intestinal tract pathology. 2. If complicated by pelvic pathology, conservative measures should be tried before resorting to an abdominal operation. 3. If complicated by a rectocele, cystocele, and moderate prolapse, a successful conservative extra-peritoneal operation is described.

ABSTRACT

TERMINATION OF ONE THOUSAND ATTACKS OF MIGRAINE WITH ERGOTAMINE TARTRATE

Mary E. O'Sullivan, New York (Journal A. M. A., Oct. 10, 1936), states that ergotamine tartrate administered to ninety-seven patients checked or aborted 1,042 attacks in eighty-nine of these persons. It was calculated that the individuals in this series were relieved from 39,000 hours of suffering. The earlier in the attack the medication is given, the better are the results. When used subcutaneously, the alkaloid has never failed to check again an attack in a person previously relieved if the drug was given in adequate dosage. Untoward effects of the drug may be relieved by simultaneous injection of 1/100 grain of atropine or calcium gluconate intravenously. She does not consider the drug a cure for migraine. She strongly advises against its dispensation without a consideration of the cause and prevention of the syndrome. Because of the constancy and character of the relief obtained from 1,042 headaches in eighty-nine sufferers of migraine after the administration of ergotamine tartrate, she recommends its use for the termination of these attacks and believes that the drug is a valuable addition to medical therapeutics.

COMMON FOOT COMPLAINTS*

F. WALTER CARRUTHERS, M. D., F. A. C. S.

Little Rock

Common foot complaints present problems concerning which as much has been written in that it may seem impossible to add anything to the literature dealing with its solution, yet the fact remains that foot disturbances are steadily mounting. The pathetic part of it all is that the treatment of these conditions seem to be falling more and more into the hands of quacks, shoe salesmen and appliance manufacturers. It is therefore the purpose of your essayist to call to the attention of this group our failure to meet this situation and to take a more practical attitude in the study and treatment of these conditions.

We all probably feel that the treatment of common foot conditions is troublesome and rather uninspiring, and may be even looked upon by some as beneath their dignity, yet the foot with its many complaints is a health condition that vitally effects the efficiency and well being of a large number of people. There is no doubt that these conditions are well worthy of thoughtful consideration and study by all physicians who may be called upon to treat problems of the foot.

It has long been a recognized fact that "A soldier is as good as his feet." If proper guidance and direction in early childhood, even including the adult, will help and prevent common disabilities of the foot, I say that it is worthy of consideration and it shall be my objective to present to you some of the common foot complaints that have come under my direction for treatment.

In discussing the foot, I think we should first understand what is the primary function of the foot and how it is brought about before considering the different clinical aspects that are presented by your patient. The function of the foot is two-fold: first, to serve as the support for the weight of the body, and second, to function as a lever in raising and propelling it. The two principal objects of the foot are weight-bearing and stability, and the two main motions of the foot are accomplished by separate and distinct joints. Flexion and extension are accomplished through what your essayist terms the main ankle joint, the tibio-astragular joint. Inversion and eversion of the foot are accomplished

*Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 29, 1936.

through some of the many joints that make up the foot proper. This true eversion and inversion is brought about through the motion obtained in the subastragular and medio-tarsal articulation. These motions including their functions must be held paramount when attempting to correct weight-bearing and stability in many of the common foot complaints.

The most noticeable peculiarity of the foot is the arrangement of its arches, the long longitudinal, and the short transverse. In addition the foot is supported by muscles, by ligaments and by the strong plantar fascia which covers the sole of the foot.

Furthermore, as has been stated, the foot in active use, acts as a lever by which the weight of the body is lifted and propelled. So often this function is lost, the muscle power is insufficient and the body weight cannot be lifted or propelled, although the structure of the foot may appear normal. Yet the strain placed upon it may be disproportionately produced either by body overweight for the size of the foot, or laborious occupation may subject them to mechanical disadvantages, easily corrected by re-establishment of proper weight-bearing. The improper attitude thus produced lessens the power and resistance of the foot, and therefore, must be considered among the important predisposing causes of foot disabilities.

From the clinical viewpoint, it may be stated that there are three forms of foot complaint, the congenital foot, the acquired foot, and the paralytic foot, each having their own individual complications.

The so-called weak flat pronated foot with its long longitudinal arch or its opposite, the high arch, abducted foot, either as the flail or rigid type undoubtedly presents itself for treatment as much if not more frequently than any of the other so-called common foot disorders. The typical flat or pronated foot has as its principal characteristics the attitude of pronation to a varying degree with a depressed longitudinal arch which may be either flail or rigid. The symptoms may be only those of the simple mild weak foot or the contrasting type. The extreme deformity produces disabling symptoms and the foot is fixed in the deformed position by muscle spasm and by secondary changes in its structure. In the weak, flail, pronated type of foot seen so often in early childhood, weakness, tired feeling and pain in the calf of the leg, which the mother thinks

is a growing pain, are the first symptoms complained of. Later the pain may become localized in the middle tarsal region and the instep, and, not uncommonly, pain may be felt in the knees, hips, or small of the back.

On the other hand the high arch type of foot is characterized by a high longitudinal arch with the presence of little or no pronation but accompanied by a prominence of the ball of the foot, a short, more or less spastic, heel tendon, a dense hard and tight plantar fascia in which the greater portion of the body weight is borne on the ball of the foot, and a fallen depressed metatarsal arch on which may be seen large callus formation. The patient further complains of typical Morton's metatarsalgia syndrome, and the toes are more or less markedly contracted and some may assume the position of hammer toes.

The aim in treatment in either one of these conditions is to correct the faults present and thus make the foot as a whole work in a normal manner. Before this can be brought about a very thorough examination of the foot is necessary in order that an accurate estimate of all the faults presented may be thoroughly noted and understood for each foot presented is a problem unto itself.

To facilitate the proper examination, the patient should be placed on a table before you where the foot can be easily observed. The weight bearing area, obtained by proper pedigraph of the foot, should be especially noted. The presence or absence of callosities, corns, bunions and, last but not least, the type of shoe worn, are additional observations. In every case, a systematic method of examination should be followed and the observation recorded with exactness for future reference and comparison. Your ultimate aim is proper treatment, the principle of which should lead to a permanent cure, although the advice and care may appear to be simple, the application, however, must vary somewhat according to the case at hand. After all observations have been noted, the needs for the particular case at hand are formulated and decided. The first steps toward correction in the milder type of cases above described, are the ordering and fitting of the apparatus to be used in the correction of the disability and the selection and fitting of a proper shoe.

It goes without saying that the large majority of my personal cases are seen in women. Most of their common foot complaints come from

wearing too short shoes with high heels, improperly fitted. Of course, this does not apply in all cases of bad feet, but is of such importance that a paper of this nature could not be complete without emphasizing this point. The tendency is for women to wear shoes which they think make their feet appear smaller. It is paramount, therefore, that your treatment considers the proper shoe. With your permission, I will give to you some idea as to proper shoe.

1. The shoe must or should be the so-called blucher type.
2. It must have straight lines along the inner side.
3. It must be wide enough across the ball for normal function of the metatarsal arch.
4. The sole must be thick and heavy enough to protect and support the foot.
5. The heel should be straight (The military type).
6. The counter must be narrow enough to fit the heel.
7. The shank should be broad and strong enough for support.

Following the fitting of the shoes, the correct type of support, brace, or appliance, is now inserted to overcome the faults of the complaint. It is paramount to remember that the most important element in your treatment is to consider each foot is a problem in itself, and while the basic principle in treatment lies in proper mechanical correction, the ultimate care, not alone from this passive aid but the support that is to come from active aid given by the patient himself. So with supports, shoes, braces, and strapping which may hold and assist the foot, giving relief of pain and discomfort, one must add to this other measures which will build and restore tone to the muscle and ligaments, in reality the true and natural supports for the foot. This restoration can be accomplished only by properly directed exercises, carefully and conscientiously executed in the form of: (1) Toe-gripping exercises, (2) Foot-abducting exercises, (3) Heel-stretching, and (4) Both longitudinal and metatarsal exercises on a specially constructed board and knob. Thorough instructions are given the patient, stressing the idea that in spite of all that has and will be done for them mechanically, none of it will cure without their active aid, coming from their own exercises as advised.

One could not present a paper of this nature without taking up a very common foot disorder known to you as hallux-valgus deformity, frequently called a bunion. This, of course, is a deformity of the great toe not popularly recognized as a deformity unless the joint really appears enlarged producing the so-called bunion. The direct cause is improperly-fitted shoes; shoes that are too narrow, too pointed, and in many instances, too short for the foot. Or such a condition may be aggravated by injury, gout, infectious arthritis, or diseases of the nervous system. This condition unfortunately is not recognized until an outgrowth sufficient to produce pain occurs, causing them to seek relief. If these conditions are seen early enough they may be relieved by manual correction of the deformity along with exercises of the disused muscle, the toe can be gradually guided into proper position and the symptoms will promptly disappear. On the other hand, in the far advanced and fixed case, in which the great toe is subluxated accompanied with a large exostosis, an operation is indicated.

The third great type of common foot complaints is the paralytic foot which I mention only to call your attention to the fact that these types of feet are amenable to treatment by proper bracing in many instances, while the majority require complicated tendon transplants and stabilizing operations.

Conclusions: Common foot complaints are very widespread and incapacitating. Each case requires careful and painstaking study. In the majority proper treatment will give complete and satisfactory relief.

Public Health is not our divine right. It is a state right. We can have it, however, if we wish, but if we fail to grasp our opportunity we can not complain when state immunization, pre-school round-ups, tonsil clinics, etc., appear. If each one of you tomorrow would inventory your own practice and plan to immunize against diphtheria and smallpox all babies under one year of age and arrange to examine all your children of pre-school age for correctible defects, you would contribute not only a great Public Health service, but make a very positive attack against State Medicine.

—Bulletin of the Academy of
Medicine of Cleveland.

INSULIN PROTAMINE IN TREATMENT OF DIABETES*

A. A. BLAIR, M. D., F. A. C. P.
Fort Smith

The universal use of insulin in the treatment of diabetes mellitus and the generally accepted views as to its value in certain non-diabetic states is obvious. Probably few realized when Banting and Best discovered this pancreatic hormone that it would invade the entire realm of medicine. We have used it repeatedly in adult malnutrition with encouraging results in increasing the body weight with a decided improvement in appetite and general feeling of well being. It is used in tuberculosis and heart disease, and any wasting disease associated with low nutritional states. Marriot (1) reports good results in infantile athrepsia, Balfour (2) gave small subcutaneous doses to undernourished non-diabetic children, yet there are thousands and thousands of diabetics in the United States who have never had the opportunity or means to be properly worked out on a balanced diet and insulin dosage adjusted to their requirements; others living under the misapprehension "Once insulin, always insulin."

The diabetic is no different from any other patient, in that many of them are susceptible to malicious quack newspaper or circular advertisements, "Insulin cured without the needle." Then there is the initial cost to the diabetic of something like ten or fifteen dollars for equipment, e.g., scales, insulin syringe, and insulin. To anyone in meagre circumstances this is a burden, in addition to looking forward to being punctured with a needle two, three or four times daily, which adds nothing to its popularity. Certainly any improvement over the old routine in decreasing the number of required doses daily and in addition to this an anticipated lower and more even blood sugar curve over twenty-four hour period, should be welcomed by both physician and patient. In insulin protamine this may be somewhat expected. Since the report by the Danish physicians, Hagedorn, Jansen, Kvarup and Woodstrup (3) on Protamine insulinate and by Root, White, Marble and Statz (4) of Boston, pointing out advantages of protamine insulin, renewed interest has been manifested in this work.

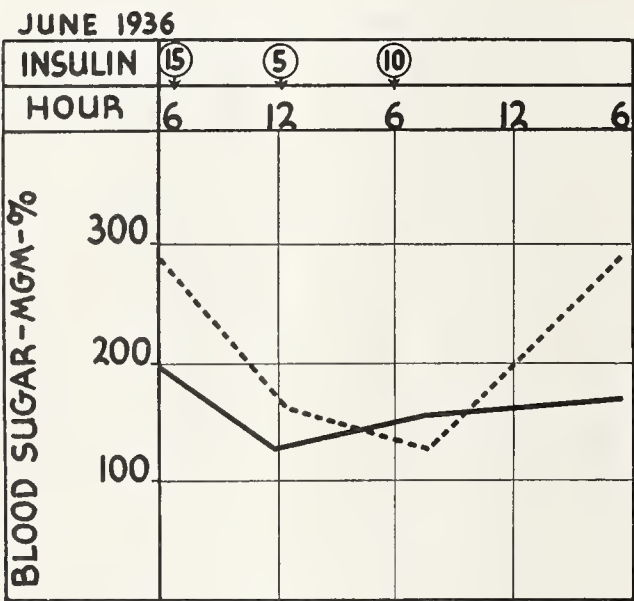
Insulin protamine is supplied us by the Eli Lilly Laboratories, of Indianapolis, Indiana, for clinical trial only. Briefly, insulin protamine is made by combining insulin hydrochloride with

a protamine derived from the sperm of a species of trout. By the addition of protamine it has been found to markedly slow down the absorption rate due to the fact that insulin protamine is slowly broken down and released over a relatively longer space of time in a rather uniform manner. One may expect effects to last approximately twice as long as ordinary insulin, in contrast to rapid absorption of ordinary insulin, with wide fluctuations in blood sugar levels, e.g., marked hyperglycemias, one six hour interval, and hypoglycemias (insulin reaction) in the following six hour period.

On account of limited supply patients could not be kept under treatment over long periods with insulin protamine, but these were sufficiently long that certain deductions could be made as to its behavior, as blood sugar curves and urine sugar estimations were determined under old and new treatment only on patients whose diet calculations and insulin dosage had been made and established. Of the four cases treated each had been under careful management for several years (3 to 9 yrs.) Ages of patients ranged from seventeen to fifty-four years. These patients had shown unusual willingness to cooperate and were trained in handling both diet and insulin. Diabetic patients treated at the Cooper Clinic the past few years have been given a very liberal diet, getting away from the traditionally high fat and low carbohydrate feedings. In fact carbohydrates in the form of fruits are liberally given, agreeing with the opinions of many leaders in this field of work in that because a patient is a diabetic, we believe he requires no different diet than the normal individual. Furthermore, when one makes too radical changes, certain metabolic disturbances are bound to follow. Liberal carbohydrates with insulin to cover is the better arrangement. On account of the slow acting insulin protamine some prefer using the faster acting regular insulin for the initial morning dose in order to meet the sharp rise in the morning blood sugar. This can be partially overcome by using protamine insulin one hour before breakfast instead of the usual fifteen to twenty minute period allowed for the regular insulin. This was the scheme followed in our cases.

We all agree that for some reason the diabetic is harder to keep sugar-free in the morning than at any other time of the day. The morning dose should, therefore, always be relatively larger. Whenever it seems obvious that

two doses of insulin may act satisfactorily in the management of an individual case, then the daily dose should be estimated, giving 5/8ths in the morning and 3/8ths in the afternoon. Diet which contains plenty of fruit affords an easily utilized form of carbohydrate and is quite an advantage in the noon diet to check the gradual fall in the blood sugar when fairly large doses of insulin protamine are used in the early hours of the morning. Certainly it appears that a lower and more uniform blood sugar curve can be maintained with insulin protamine (see Fig. 1). The slow breakdown and absorption



Curve "A" represents blood sugar curve with regular insulin.

Curve "B" shows the more uniform curve of blood sugar following same dose of insulin protamine given subcutaneously.

This is a woman 45 years old, weight 116 pounds, on a diet containing 1800 calories so divided that she gets 2/3 gms. of protein per kgm. of body weight, making up balance by giving 8 grams of carbohydrate to every gram of fat by weight. She has been under strict diabetic management (diet and insulin) for seven years, during which time she has had influenza twice and an appendicitis operation four years ago.

over a twelve hour period should be borne in mind and the new preparation not recommended in preference to regular insulin in diabetic coma. However, our knowledge of its delayed absorption should relieve the diabetic from the midnight dose of insulin, practically doing with two doses of protamine insulin what was expected of four doses of regular insulin heretofore, at the same time avoiding sharp breaks in the blood sugar curve.

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COMING MEDICAL MEETINGS.

Second Annual Conference of County Medical Society Secretaries in Arkansas, Hotel Marion, Little Rock, January 5th, 1937.

Postgraduate Study Course, Arkansas Medical Society, University of Arkansas School of Medicine, Little Rock, January 13-14, 1937.

Medical Association of the Missouri Pacific Railroad, Little Rock, January 29-30, 1937.

Arkansas Medical Society, Little Rock, April 12, 13, 14, 1937.

American Medical Association, Atlantic City, June 7-11, 1937.

OBITUARY

JOHN M. TAYLOR, aged 68, died at his home in Mena November 15th after having been in failing health for several months. Born in Columbus, Ohio, he spent his boyhood in Nebraska and graduated from University Medical College of Kansas City in 1898. He first practiced at Howe, Oklahoma, later at Osage Mills, Benton County, Arkansas, and moved to Fort Smith in 1903. Under his direction the Mena Hospital was opened in January 1936 and he had since resided in Mena. He was a member of the Lutheran church. Surviving relatives are his wife, three sons and three daughters.

ELLIS L. GIBSON, aged 64, died at his home in Alicia November 23rd. A practicing physician in Lawrence County for the past 35 years, he was a member of the Randolph-Lawrence County Medical Society, the Arkansas Medical Society and of the Southern Medical Association.

THE JOURNAL

OF THE
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W. R. BROOKSHER, M. D., Editor

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EDITORIAL

THE NEW YEAR.

Medical organization enters upon another New Year faced with the same large number of pressing problems which have been our lot for several years. Economic, governmental and social changes and developments, affecting vitally the practice of medicine, continue to develop about us, sorely trying the patience of the individual practitioner who would prefer most to be permitted to care for his patients with the utmost in ability and judgment which he possesses, being but secondarily concerned with changes wrought in the economic pattern of our life.

Yet, these changes present a continuing chal-
lenge to the medical profession. Medical or-
ganization, individually and collectively, must
prepare itself for a year of probably increased
activity along these lines. There is no indication
that our foes who advocate reforms calculated
to entirely disrupt our present system of medical
practice have decided to turn their activities
into other channels. They are even now alert
to opportunities which may present the awaited
chance to introduce their untried plans for
medical service, governmentally or lay-superv-
ised.

From our experience of the past few years
there can be no contrary opinion to the state-
ment that the solution to problems affecting
medical practice or the effective resistance to
varied reform suggestions for medical service
must come from a successful coordination of
individual efforts and initiative with organized
activity. The future of medical practice requires,
nay, demands, efficient and aggressive organi-
zation machinery. County medical societies as
the basic organization unit must attain peak
membership, efficiency and cooperation. They
must be alert to the situation in their county and
to the broader field of state and national activ-
ity. The state and national associations can
function with far more satisfactory effectiveness
if the county organizations are interested, en-
thusiastic and eager.

Of fundamental importance in the mainte-
nance of organization activities is the continued
support of the individual physician. He must
be ready and willing to support every move-
ment for the good of the organization, giving
freely of his time and, as needed, of his money,
to this end. Organized medicine is entitled to

the united support of all eligible physicians. The benefits which membership confers will be even greater with a more unanimous support.

Your first duty is the payment of your 1937 membership assessment to your county society secretary.

Your second duty is to make the resolution that you will do all within your power to support the activities and interests of your medical society in the New Year.

With this support from our membership, the Arkansas Medical Society can confidently look forward to 1937—Our Greatest Year.

OBSTETRIC STUDY COURSES.

Members are reminded that the refresher courses in obstetrics conducted by this Society in cooperation with the Arkansas State Board of Health and the Children's Bureau, Department of Labor start this month. The schedule of meetings follows:

Jonesboro—Elks Club, January 4th through 8th.

Harrison—Hotel Seville, January 11th through 15th.

Fort Smith—St. Edwards Mercy Hospital, January 18th through 22nd.

Hope—First Baptist Church, February 8th through 12th.

Monticello—Ridgeway Hotel, February 15th through 19th.

Conway—Masonic Hall, February 22nd through 26th.

The Journal feels that Arkansas physicians interested in obstetrics cannot afford to miss these sessions. Lectures and clinics will be conducted by Dr. M. Edward Davis, Associate Professor of Obstetrics and Gynecology, University of Chicago Medical School and Attending Obstetrician to the Chicago Lying-In Hospital. Principal subjects discussed will be: The Treatment of Hemorrhage in Pregnancy; Prenatal Care and the Toxemias of Pregnancy; Puerperal Infection: Its Prophylaxis and Treatment; The Management of Breech Presentation; The Management of Labor in the Contracted Pelvis and Forceps Delivery. The lectures will be supplemented by motion pictures, lantern slides and manikin demonstrations. If material is furnished, Dr. Davis will conduct clinics in addition. Dr. Davis has furthermore manifested a desire to consult with private physicians in

their obstetric problems within limits of time available.

None but licensed physicians are to be admitted to these courses. It is to be hoped that members of the Arkansas Medical Society will justify our sponsorship of the courses by a majority attendance.

CONFERENCE OF STATE SECRETARIES

The annual conference of state secretaries and editors was held in the new auditorium of the American Medical Association Building in Chicago on November 16 and 17th with over two hundred in attendance. To this conference goes the distinction of being the first to hold a meeting in the new hall, a beautiful room, well adapted to numerous conferences which are held at headquarters during the year. Of particular interest, of course, were the talks by Surgeon-General Parran of the United States Public Health Service and Miss Katherine Lenroot, Chief, Children's Bureau, who frankly presented the conditions and aims in their departments as affecting the practice of medicine in America. Our readers will be especially interested in Dr. Parran's statement that "I am not, at this time, in favor of socialized or state medicine. I do favor better resources to put tools in the hands of the profession; I do favor the prevention of disease as part of the duty of the health department." He further stated that public health officials are anxious to make common cause with individual practitioners to attain the betterment of mankind.

Miss Lenroot stated that physicians should receive remuneration for the care of crippled children under the provisions of the Social Security Act and emphasized that there will be no master plan from the Federal government for each state to follow in its activities under the act. A number of states are planning to secure enactment of legislation for basic science laws, the discussion of this subject bringing out the fact that no telling argument in opposition to such a law has as yet been produced. The subject of malpractice insurance was comprehensively discussed and will be the topic of further comment in these columns. In conclusion, organized medicine's old dependable, Olin West, summarized the present situation by calling attention to the fact that regardless of our personal opinions, social security is here to stay, and that it is up to the medical profession to accept it as it is, cooperating to our fullest

ability with the officials to supply leadership in health problems.

The state editors' conference was held during the session at which a number of problems were informally discussed. The annual conference of secretaries and editors of the constituent state societies is most informative and the courtesy of the Board of Trustees of the American Medical Association in making it possible is appreciated.

EDITORIAL COMMENT

Remember that your county society secretary is just as busy in his practice as you are with yours. He does not enjoy asking for your annual assessment of membership; he has enough bills to collect without taking up this problem. You can be assured of his genuine appreciation if you will take the time just NOW to mail your check.

The recent conference of state medical society editors recommended that all state journals be copyrighted. This The Journal has done for some months past, feeling it to be a step in the right direction. Only in this manner can the "throw-away" journals be prevented from filling their pages with articles lifted from the reputable publications. Deny these publications the opportunity to take articles of an ethical nature from established official publications and they lose all but those contributions received from certain members of the profession who may be interested in that fee "ranging from ten to forty dollars" as was offered to us as well as to a number of other physicians in Arkansas. The Journal of the Arkansas Medical Society solicits worth-while articles from the members of the Society for its issues and believes, with all modesty, that such publication will offer a prestige not available in any gratis publication.

To many persons the word laboratory implies a place where test tubes and complicated apparatus are employed to satisfy intellectual curiosity. The clinical investigative laboratory is not of that order, for wards with patients are the salient feature. The sick individual is the centre of the picture.—The physician—must be a student of men and never forget the uniqueness of each human being if he is to be intelligent in the care of the sick.—George R. Minot.

PROCEEDINGS OF SOCIETIES

The Fifth Councilor District Medical Society met at Hope November 5th with the following scientific program: "Treatment of Syphilis," E. C. Fox, Dallas, "Treatment of Common Rectal Disorders," Curtice Rosser, Dallas, "Common Complaints with Reference to the Heart as Encountered in the Office," R. M. Barton, Dallas, "Some Common Infections Related to Nutritional Disturbances in Infants," J. F. Perkins, Dallas, and "Albinism, Case Exhibit," P. B. Carrigan, Hope.

The Washington County Medical Society met in luncheon session at Fayetteville December 1st. Following the scientific program, "Modern Trends in Roentgen-Ray Therapy," W. R. Brooksher, Fort Smith, the following officers were elected: President, W. A. Fowler; Vice-president, R. H. Huntington; Secretary-treasurer, Fount Richardson; Delegate, P. L. Hathcock, and Alternate, A. A. Gilbert.

FOUNT RICHARDSON, Secretary.

Jefferson County Medical Society has elected the following officers: President, B. D. Luck, Jr.; Vice-president, H. A. Causey; Secretary-treasurer, H. Capel; Delegate, J. M. Lemons, and Alternate, V. L. Payne.

Boone County Medical Society has elected the following officers: President, J. H. Fowler; Vice-president, D. E. Evans; Secretary-treasurer, D. L. Owens; Delegate, J. G. Gladden; 1st Alternate, J. H. Fowler, and 2nd Alternate, H. V. Kirby.

The Tri-County Clinical Society met at the Cora Donnell Hospital, Prescott, November 24th as dinner guests of A. S. Buchanan. The following after-dinner talks were made: "Why I Believe in Organized Medicine," Geo. B. Fletcher, Hot Springs National Park; "My Reason for Being a Doctor," J. W. Branch, Hope; "Why Doctors Should be Ethical," W. R. Brooksher, Fort Smith; "The Happiest Day of My Professional Life," Paul Mahoney, Little Rock; "The Most Miserable Day of My Professional Life," W. B. Grayson, Little Rock; "Why I Think Medicine is a Progressive Profession," R. B. Robins, Camden; "Quackery in Medicine," L. J. Kosminsky, Texarkana; "What Law, If Any, Could Be Enacted that Would Benefit the Doctor and the Public Alike," Val

Parmley, Little Rock; "Why I Believe the Doctor Should Have a Hobby," R. M. Eubanks, Little Rock; "History of the Tri-County Clinical Society," C. K. Townsend, Arkadelphia; "The Advantages I Have in Being a Country Doctor," J. P. Bremer, Point Cedar, and "The Disadvantages of Being a City Doctor," O. C. Melson, Little Rock

The Craighead-Poinsett County Medical Society met November 5th for a scientific program presented by Connie Sandford and Carl Sanders of Memphis.

The Crittenden County Medical Society and Auxiliary were entertained at dinner November 9th by Dr. and Mrs. J. H. Matthews and Dr. and Mrs. J. T. Irby.

Drew County Medical Society has elected the following officers: President, J. S. Wilson; Vice-president, S. M. Gates; Secretary-treasurer, J. P. Price; Delegate, J. P. Price, and Alternate, S. M. Gates.

Sebastian County Medical Society met December 8th, electing the following officers: President, J. W. Amis; Vice-president, H. C. Dorsey; Secretary, L. M. Henry; Treasurer, W. R. Brooksher, and Member of Board of Censors, E. C. Moulton. W. R. Brooksher addressed the society on "Modern Trends in Roentgen-Ray Therapy."

L. M. HENRY, Secretary.

The Garland County Medical Society has elected the following officers: President, D. C. Lee; Vice-president, G. A. Hebert; Secretary-treasurer, W. E. Gray; Member of Board of Censors, J. M. Proctor, and Delegates, H. King Wade, Euclid Smith and A. G. Sullivan.

The Annual President's Night of Pulaski County Medical Society was held at the Concordia Country Club, Little Rock, November 23rd, with J. S. McLester, Birmingham, as speaker, "Newer Knowledge of Bright's Disease."

Ouachita County Medical Society has elected the following officers: President, J. P. Clemens, Mount Holly; Vice-president, E. J. Byrd, Bearden; Secretary-treasurer, R. B. Robins, Camden; Delegate, J. S. Rinehart, Camden, and Alternate, E. J. Byrd, Bearden.

Pulaski County Medical Society has elected the following officers: President, Paul L. Mahoney; Vice-president, Val Parmley; Secretary, Ernest H. White, and Treasurer, R. J. Calcote.

Mississippi County Medical Society has elected the following officers: President, Thos. F. Hudson, Luxora; Vice-president, C. M. Harwell, Osceola; Secretary-treasurer, F. D. Smith, Blytheville; Delegate, L. L. Hubener, Dyess, and Alternate, M. L. Cantrell, Luxora.

Cross County Medical Society has elected the following officers: President, Ruffin Longest, Secretary-Treasurer, T. J. Stewart. Dr. Stewart was also elected delegate.

The Benton County Medical Society met at Bentonville, December 10th, for a program as follows: "Female Sex Hormone," Clyde McNeil, and "Poliomyelitis," Geo. M. Love. Officers elected are: President, E. A. Pickens; vice-president, J. T. Powell; secretary-treasurer, Geo. M. Love; delegate, W. A. Moore; alternate, Geo. M. Love, and Public Relations Committee, H. J. G. Koobs, C. S. Wilson and Geo. M. Love.

GEO. M. LOVE, Secretary.

The Ninth Councillor District Medical Society met at Harrison, December 1st, for the following scientific program: "Diagnosis and Treatment of Vascular Diseases of the Extremities," F. Walter Carruthers, Little Rock; "Early Diagnosis of Intestinal Obstruction," S. J. Wolfermann, Fort Smith; "Congenital Defects of the Uterus," M. E. McCaskill, Little Rock; "Principles of Treatment of Gonorrhea," G. W. Reagan, Little Rock, and "Common Colds," C. T. Chamberlain, Fort Smith. A banquet was held at the Hotel Seville in the evening with F. W. Carruthers speaking on "Hospitals in Europe." The Society will next meet in Harrison in June 1937.

J. H. FOWLER, Secretary.

Hempstead County Medical Society has elected the following officers: President, G. E. Cannon; vice-president, P. B. Carrigan; secretary-treasurer, Jim McKenzie; delegate, L. M. Lile, and alternate, J. H. Weaver, all of Hope.

JIM MCKENZIE, Secretary.

The Franklin County Medical Society was addressed December 8th, by C. T. Chamberlain, Fort Smith.

THOS. DOUGLAS, Secretary.

Craighead-Poinsett County Medical Society has elected the following officers: President, P. W. Lutterloh, Jonesboro; vice-president, W. H. Moreland, Tyronza; secretary-treasurer, R. C. Shanlever, Jonesboro, and Member of Board of Censors, R. M. Jernigan, Jonesboro.

E. J. STROUD, Secretary.

The Randolph-Lawrence County Medical Society met with J. C. Hughes at Hoxie, December 8th, for the following scientific program: "Complications in Obstetrics," W. C. Overstreet, Jonesboro.

CHAS. D. TIBBELS, Secretary.

Lawrence County Medical Society has elected the following officers: President, C. C. Ball, Ravenden; Vice-president, T. C. Guthrie, Smithville; Secretary, Chas. D. Tibbels, Black Rock; Delegate, Wm. Johnston, Hardy, and Member of Board of Censors, W. W. Hatcher, Imboden.

CHAS. D. TIBBELS, Secretary.

The Eighth Councilor District Medical Society met at Little Rock December 3rd, with morning clinical sessions conducted at Saint Vincent's Infirmary by the following: H. W. Hundling, S. P. Bond, H. H. Higgins, F. W. Carruthers, H. Fay H. Jones, T. Duel Brown, S. B. Hinkle, E. H. White, Clyde Rodgers, Hoyt R. Allen, Paul Mahoney, R. J. Calcote, John Watkins, O. C. Melson, S. C. Fulmer, Joe Roe and J. N. Compton. Following the noon luncheon held at the Albert Pike Hotel, the society was addressed by S. C. Fulmer, Val Parmley, J. N. Compton, Earl Hunt and Pat Murphey. Officers elected are: President, Robert Hood, Russellville; Vice-president, Joe F. Shuffield, Little Rock, and Secretary-treasurer, Louis Dunaway, Conway.

The Arkansas State Public Health Conference was addressed at its meeting in Little Rock, December 2nd and 3rd, by M. E. McCaskill, Little Rock; Geo. B. Fletcher, Hot Springs National Park; R. J. Turner, Fayetteville; J. K. Grace, Arkadelphia; J. E. Johnson, Fort Smith; J. F. Hays, Augusta; W. H. Bruce, Pine Bluff; B. M. Stevenson, West Memphis; W. P. Scarlett, Morilton; A. M. Gibbs, Hamburg, and A. B. Tate, Russellville.

Faulkner County Medical Society has elected the following officers: President, L. S. Dunaway; Vice-president, R. L. Brittain and Secretary-treasurer, J. S. Westerfield. Dr. Westerfield has served for 31 years as secretary.

Greene County Medical Society has elected the following officers: President, R. J. Haley; Vice-president, G. P. Bridges and Secretary-treasurer, M. W. Majors. Dr. Majors is entering upon his 11th consecutive term as secretary.

Woodruff County Medical Society has elected the following officers: President, J. H. West, Grays; Vice-president, J. F. Hays, Augusta; Secretary-treasurer, L. E. Biles, Augusta; Delegate, J. F. Hays, and alternate, C. E. Dungan, Augusta.

Monroe County Medical Society has elected the following officers: President, M. L. Dalton; Vice-president, W. T. Bradley; Secretary-treasurer, F. S. Dozier; Delegate, E. D. McKnight, and Alternate, P. E. Terry.

PERSONALS AND NEWS ITEMS

Ross Maynard has been elected a director of the Pine Bluff Kiwanis Club.

"The Treatment of Rheumatism with Gold Salts" by S. F. Hoge, Little Rock, appeared in the November issue of The Mississippi Doctor.

M. S. Craig has been elected Vice-president of the Batesville Kiwanis Club.

Ira Ellis, Monette, addressed the recent session of the Grand Chapter, Order of Eastern Star.

J. D. Riley, State Sanatorium, addressed the Jefferson County Tuberculosis Association at Pine Bluff November 21st.

Among the successful deer hunters in the November period was E. G. Fendley, Leslie.

W. R. Felts recently addressed the Judsonia American Legion post.

M. C. Hawkins, Jr., Searcy, attended the Tulane Medical Clinics during November.

The following have been appointed as the professional relations committee of the Arkansas Society for Crippled Children: O. J. T. Johnston, Batesville, Chairman; R. B. Robins, Camden; F. O. Mahony, El Dorado; J. O. Rush, Forrest City; Euclid Smith, Hot Springs National Park; E. F. Ellis, Fayetteville; C. A. Hardesty, Paragould, and H. A. Stroud, Jonesboro.

"Rupture of Aneurysm of Abdominal Aorta into the Small Intestine" by Francis J. Scully, Hot Springs National Park, appeared in the November Tri-State Medical Journal.

Val Parmley, Little Rock, and M. F. Lautman, Hot Springs National Park, have been appointed Chairman and Secretary respectively of the Southern Section of the American Congress on Physical Therapy.

Among Arkansas physicians in attendance at the Baltimore session of the Southern Medical Association were: Berry Moore, El Dorado; H. A. Stroud, E. J. Horner, Jonesboro; A. E. Robinson, Leachville; W. T. Wootton, H. King Wade, Hot Springs National Park; R. T. Smith, H. Fay Jones, H. S. Thatcher, F. W. Carruthers, W. B. Grayson, R. M. Eubanks and H. G. Hummel, Little Rock; W. Myers Smith, Morrilton, and F. A. Gray, Batesville.

A. C. Shipp, Little Rock, has been elected a steward in the Winfield Methodist Church.

W. W. Brown, Williford, has been appointed coroner for Sharp county.

"Anterior Lenticonus" by E. C. Moulton, Fort Smith, appeared in the November 28th issue of the Journal of the American Medical Association.

G. R. Seigel, Clarksville, has been elected coroner for Johnson county.

W. A. Regnier has been appointed assistant superintendent of the State Hospital for Nervous Diseases to have charge of the new institution at Benton.

B. A. Rhinehart, Little Rock, addressed the Central District Dental Society December 10th on "Diet and Calcium Metabolism."

H. E. Mobley, Morrilton, has been appointed a member of the State Highway Commission.

W. B. Grayson, Little Rock, has been elected Vice-chairman, Section on Public Health, Southern Medical Association.

D. A. Rhinehart, Little Rock, has been elected as Chairman, Section on Radiology, Southern Medical Association.

C. H. Dickerson, Conway, has recovered from an appendectomy.

C. H. Lutterloh, Hot Springs National Park, recently underwent a major operation in New Orleans.

Dr. and Mrs. D. B. Stough, Hot Springs National Park, spent a ten day vacation in Cuba during December.

The Journal salutes S. C. Pierce, Hartman, as the first member to pay the 1937 assessment of membership. Dr. Pierce's remittance was received December 1st. In accordance with custom, Mississippi County Medical Society is the first county society to be recorded, assessments from 18 members being received on December 3rd.

Hoyt R. Allen has been appointed a governor of the Little Rock Chamber of Commerce.

E. J. Munn recently addressed the El Dorado Rotary Club.

The Committee on the Control of Syphilis recently appointed at the request of Surgeon-General Parran met in Little Rock, December 17th. The committee members are Louie G. Martin, Hot Springs National Park, D. W. Goldstein, Fort Smith, and Geo. F. Jackson, Little Rock.

K. W. Cosgrove addressed the Little Rock Science Club December 15th on "Fads and Fallacies About the Eyes."

H. H. McAdams, Jonesboro, has been appointed county health officer for Craighead county.

L. D. Massey, Osceola, addressed the Osceola Progressive Club, December 1st, on "The Control of Colitis in Mississippi County." Dr. Massey's address was the subject of editorial comment in The Blythesville Courier News on December 4th.

Friends will be most interested to know that Dr. J. K. Smith, Texarkana, has been moved to the Michael Meager Hospital and is showing improvement following fracture of a cervical vertebra sustained in an automobile accident in November.

F. Vinsonhaler, Little Rock, spent a Christmas vacation in New York City.

Jerome S. Levy, Little Rock, spent a Christmas vacation in Palm Beach, Florida.

WOMAN'S AUXILIARY PAGE

MRS. H. E. MURRY, Publicity Secretary, Texarkana.

SOUTHERN MEDICAL AUXILIARY MEETING

One of the most important meetings of the Southern Medical Auxiliary was held in Baltimore November 19th. At this meeting several important constitutional changes were made, and the Southern Medical Society assumed the obligation of printing the Bulletin, also will allow the organization two hundred dollars for expenses. This will eliminate state dues to the Southern Medical Auxiliary. Another important change was made in the membership, which will include all unmarried daughters of doctors. A Council will be appointed by the president, one member from each state to serve a term of from one to three years, and the state presidents will no longer be members of this Board. The meeting was well attended, and some most interesting reports were given.

These meetings are famous for their hospitality, and this year the members were driven to Annapolis, where they were entertained at luncheon at Carvel Hall, then taken on a sight-seeing trip around the Naval Academy. During the afternoon a full dress parade was given by over two thousand midshipmen. A dance, teas, and luncheons were part of the social program.

Mrs. Frank Haggard, San Antonio, is the new president, and Mrs. Bach, Kentucky, is president-elect.

Arkansas was well represented by many doctors and their wives, and this year will have a member on the executive board, being represented by Mrs. W. T. Wootton, Hot Springs, as Vice-president.

Mrs. Wm. Hibbitts, Delegate

The Ladies Auxiliary to Pulaski County Medical Society held their first meeting October 25th at the home of Mrs. A. W. Strauss with Mrs. T. M. Fly, Mrs. W. N. Freemeyer, Mrs. Estes Allen, Mrs. W. E. Gray, and Mrs. H. W. Hundling as co-hostesses. Forty-eight members were present.

The Auxiliary was presented with first prize from the City Federation Club for decorating the most original table, which represented a hospital ward with doctors as place cards. The center piece was of roses arranged in an "M. A" representing Medical Auxiliary. The table was decorated by Mrs. Val Parmley and Mrs. S. C. Fulmer.

Mrs. R. C. Kory, President
Mrs. S. C. Fulmer, Chairman

The Sevier County Medical Auxiliary met in November at the home of Mrs. C. M. Gore. The President, Mrs. R. C. Dickinson, conducted the business session, at which time the members voted to place Hygeia in all negro schools of the county. Members will also cooperate with the chairman of the Tuberculosis Seal Sale.

Mrs. Dickinson gave a report of the Executive Board meeting in Little Rock on October 27th, and the report of the Arkansas Auxiliary given by Mrs. William Hibbitts at the national meeting in Atlantic City was read. A dinner party for the doctors was given at the home of Dr. and Mrs. C. E. Kitchens on December 10th. Two new members, Mrs. G. L. Kimball and Mrs. J. S. Hendricks of DeQueen, and one associate member, Mrs. Clarence Hooper, Horatio, were enrolled.

The following program was given: "Pneumonococci," Mrs. R. L. Hopkins; "Curious Stories About Health," Mrs. C. A. Archer; "Health Examinations Before Marriage," Mrs. I. G. Jones, and poem, "Fall," Mrs. C. E. Kitchens. Following the program a luncheon plate was served. The next meeting, on December 17th, will be held at the home of Mrs. Hopkins.

The Ladies Auxiliary to the Bowie and Miller Counties Medical Societies met in regular session in the home of Mrs. L. H. Lanier. Assisting hostesses were Mrs. N. B. Daniels and Mrs. H. E. Longino.

Mrs. Allen Colom reported that the Auxiliary's Annual Christmas Party would take place at her home on December 29th. Plans were made to fill Christmas stockings for the United Charities as have been done in the past. The auxiliary will send subscriptions to Hygeia to the Texarkana public schools for one year. Mrs. William Hibbitts, delegate to the Southern Medical Meeting in Baltimore, gave a very interesting report on the Auxiliary meeting in Baltimore.

The meeting was then turned over to Mrs. Joe Tyson, Program Leader. Interesting talks were given by Mrs. Decker Smith on "Cure for Care" and Mrs. J. R. Dale on "Apron Strings."

The auxiliary to the Ninth Councillor District Medical Society met in Harrison December 1st for the following program: Reading, Betty Jewel Case; tap dance, Joan Martin, Joan Stewart, Mary Janet Woods; butterfly toe dance, Ruth Martin; reading, Helen Price; "Doctors Wives Then and Now" (poem), Mrs. Lloyd Jackson; address, Mrs. J. T. McLain. Tea was served following the program and the following officers were elected: President, Mrs. Henry Kirby, and Secretary-treasurer, Mrs. D. K. McCurry. In the evening the ladies were guests of the society at a banquet held in the Hotel Seville.

The members of the Ouachita County Medical Society were entertained at a buffet supper in the home of Dr. and Mrs. R. B. Robins, Camden, December 3rd by the members of the auxiliary. After the supper the society and the auxiliary met in separate business sessions.

RANDOM THOUGHTS OF THE SECRETARY

November 15th. Arising betimes we take Bill Riley on a short 16-mile railroad ride to Spiro meeting Peggy returning from Kansas City. The return ride is mostly a pleasure to the young son, Peggy commenting upon the fact that the car would have been preferable, this being a penalty of sophistication in the adult. To youth, each crossing and engine whistle is an adventure. Thence by auto to the Van Buren yards where we board the Missouri Pacific, remaining under the care of this "Service Institution" until midnight at Saint Louis, a scant twenty minutes in Little Rock excepted. Some excitement afforded in this ride, however, by being late and wondering if we will make connections, in the final score rating fifty-fifty, catching a train at Little Rock and missing one at Saint Louis. The day presenting an opportunity to observe the tactics of railroad managements, comprising rides on trains of an ancient, modern and ultra-modern day. Perusing the home town paper with its special coal edition, the gas company being the only prominent firm whose advertisement is missing. Considering that their participation would be about as out of place as a doctor in a welfare meeting.

November 16th. Pausing briefly at The Stevens, the world's largest, our anticipation of a hearty breakfast completely submerged in the realization that we left our billfold on the Pullman. Followed some frantic efforts, culminating in the recovery of the billfold in the late afternoon, our meager store of paper money strangely missing. The day in the remodeled American Medical Association building, where we renew acquaintance with many a state secretary, editor and others interested in the State Secretaries Conference. The building, a magnificent structure; the official family, most gracious hosts. At noon to lunch in the 47-story Medinah Club, which we tour with Bird and Cohenour after lunch, missing the opportunity to be recorded photographically among those present for the conference. Hearing, among others, the short but succinct story, told in a most appropriate setting, of the life history and environment of a sunflower. In the evening to the annual editor's banquet where Fishbein and Holman Taylor are persuaded to talk and subjects comprise the difficulty of getting the journals read, the acceptance of liquor advertising, and many another, the final result being a status quo.

November 17th. The conference continues with a most excellent discussion of malpractice insurance, causing us to ponder just what inspiration prompted us to arrange a similar address for the Arkansas secretaries in January. Pleased, but contemplative, over the statement of Surgeon-General Parran that "I am not, at this time, in favor of state or socialized medicine." The afternoon variously engaged in Chicago's loop acquiring souvenirs and gifts for those behind. Away at curfew on the Golden State to Kansas City.

November 18th. We make a long-promised visit to Louie Allen in the lesser-known Kansas City, our derogatory remarks on his presidential candidate being greeted with good grace and the other cheek turned by showing us what he is doing in roentgenology, to our great profit. Lunching with Allen, Lockwood and Deweese in Kansas City's popular lunchroom, the Union Station. The afternoon visiting in various offices, terminating at Lockwood's, to join he and Jessie at a

home dinner, a most enjoyable function, enlivened by much wit and near-wit. To one of our most profitable meetings in the evening, a get-together of Kansas City radiologists, where the "wild" films are put up so that all may put their necks out. This we do, nonchalantly at first, later with considerable caution, the morbidity to our cervical region not being appreciably lessened by this restraint. Away at ten, barely making the train, insisting that we be invited for the next gathering, recalling certain untamed films in our collection which we shall carefully sort out for presentation, hoping to take advantage of that Scriptural injunction, "an eye for an eye, etc!"

November 24th. In company with our own thoughts, we strike out for Prescott, a trip without incident until we step within the hospital and view the festive board which Al Buchanan has arranged for some 70 fortunate physicians. Seated with Townsend, Robins, Kosminsky and Fay Jones, hearing many ribald jokes, among them a number originating in merry England, probably the best of which concerns certain real estate activities of King Edward. Enjoying all of Al's bountifully served food, dutifully delivering our talk and happy in the fellowship. To Arkadelphia with C. K. Townsend, who becomes hospitable for this once, reviving old memories of Ouachita as the miles speedily pass. Thence, along to Hot Springs alone, the lids becoming heavy and to bed in one of that city's many hotels. (Guess which, I. F?)

November 25th. Away at dawn, observing the mists rise from the majestic Ouachitas en route to Waldron and a routine day follows.

November 26th. The Watermans pay a visit, much social activity resulting, noting that Hazel has not scattered caution to the winds and that Harry can still say "ten cents tougher."

December 1st. As Fount Richardson's guest, we enjoy one of Washington County's real meetings and a meal such as one expects from the Washington. Discussing modern trends in roentgen-therapy which receives complimentary interest and then about the city to see numerous summer-time associates.

December 2nd. S. C. Pierce, Hartman, adds zest to the collection of membership assessments for 1937 by taking special effort to insure his being first received. The honor is his!

December 3rd. With the regularity of a fine old custom, F. D. Smith submits membership assessments from Mississippi County, the first county society to report.

December 4th. We visit the Eberles, consoling Walter restricted in activities because of "housemaid's knee." As a basis for an accident insurance claim, we presume our social call will be considered as one of many professional visits which his ailment required.

December 8th. We scarcely have time on this busy day to consider that we have approached one year closer to the Biblical allotment. Enjoying luncheon with I. F. and Sophie, who also present us with a beautiful muffler, no doubt to hide the accumulation of tissue beneath the symphysis of the mandible. This shall be reserved for occasions of ceremony. In the evening the young son with exuberant spirits, assisted by Peggy, escorts us to the surprise dinner party, where food and gifts delight. The son's specially selected gift, a hula dancer, gyrates much during the meal, proving once

again that there is more joy in giving than in receiving. Paul Mahoney's personally selected and professionally attended capon graces the table, a marvel to behold but the gastronomic delight afforded exhausts the thesaurus. And so, a merry and happy day, and to bed with gratitude to loved ones and good friends.

December 9th. The Council meets in deliberative assembly at Little Rock, giving matters of society activities consideration and sanction. Adjournment with the consciousness of a good day's work for organized medicine. Parmley absent because of an illness unrelated to his specialty and therefore, subject to the mercy of colleagues, of which apparently much in need. Chats with Shuffield and Carruthers and away with Sid and Elizabeth, first loading the capacious baggage compartment of their car with items direct from Mr. S. Claus, North Pole. Dining at Conway, the steak supplemented with side dishes of hominy, lima beans and mashed potatoes, evidencing an opportunity for a dietitian at this particular hostelry. Along the highway listening to "Gangbusters," "The Hit Parade" and premature announcements of abdication and other news.

OBJECTIVE FOR 1937

Every eligible physician in Arkansas an active, enthusiastic and informed member of the Arkansas Medical Society.

Oscar W. Bethea, New Orleans (Journal A. M. A., Oct. 17, 1936), states that the persistent tendency of the public to the use of purgative is largely the result of the influence of commercial advertising. Some of the possible disadvantages are well illustrated in the recent statistics from the Charity Hospital at New Orleans covering acute appendicitis. It was shown that, of those patients receiving no purgative before operation, one in every ninety-six died; of those who had taken a purgative before operation, one in every eleven died; of those who had been the victim of repeated purgation, one in every four died. Cathartics should not be used without definite indications. In the selection of a purgative agent, due attention should be given to the indications and contraindications presented by the particular patient. The United States Pharmacopeia XI contains a variety of properly standardized cathartic drugs that will meet the therapeutic requirements in most if not all instances.

In spite of all our advances in medical knowledge, it is still true that it is more important to know what sort of patient has a disease than what sort of disease a patient has.

—James J. Walsh.

BOOK REVIEWS

Allergy of the Nose and Paranasal Sinuses. By French K. Hanszel, M. D., M. S., Assistant Professor of Clinical Otolaryngology, Washington University School of Medicine, etc. Pp. 820. 58 illustrations and 3 color plates. Price \$10.00. Saint Louis: C. V. Mosby Company, 1936.

The author has ably prepared a monograph on the subject of allergy as related to otolaryngology. The subject matter is comprehensively discussed and full consideration is given to allergy. The clinical picture is detailed together with the various test methods, value being assigned in accordance with the experience of different authorities. This valuable information is excellently presented.

Recent Advances in Radiology. By Peter Kerley, M. D., B. Ch. (N. U. I.), D. M. R. E. (Camb.), Assistant Radiologist, Westminster Hospital; Radiologist, Royal Hospital for Diseases of the Chest; Honorary Medical Editor, British Journal of Radiology. Second edition. Pp. 322. 176 illustrations. Price \$5.00. Philadelphia: P. Blakiston's Son and Company, 1936.

This compact manual of diagnostic roentgenology is of value to both the experienced man and to the neophyte in roentgen interpretation. Practical differential points and valuable technical suggestions are found in every chapter. The illustrations are excellent.

Minor Surgery: By Frederick Christopher, S. B., M. D., F. A. C. S., Associate Professor of Surgery at the Northwestern University Medical School, Chicago; Chief Surgeon at the Evanston (Ill.) Hospital. With a foreword by Allen B. Kanavel, M. D., F. A. C. S., Professor of Surgery at the Northwestern University Medical School. Third Edition, Reset. 1030 pages with 709 illustrations. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, \$10.00 net.

This work is an all inclusive reference and text book on all forms of minor surgical problems which are seen every day by the general practitioner. All of the latest views of the outstanding authorities are given in reference to their particular field. It should be of particular value to students, internes and the young practitioner on all minor problems of surgery which are so woefully neglected in present day medical curricula.

The chapters on "Head Injuries and Infections of the Hand" are to be exceptionally commended. The portion on the more minor fractures is also particularly well written.

Diseases of the Respiratory Tract. Clinical Lectures of the Eighth Annual Graduate Fortnight of the New York Academy of Medicine: By 21 contributors. 418 pages with 56 illustrations. Philadelphia & London: W. B. Saunders Company, 1936. Cloth, \$5.50.

In this volume are compiled the papers presented before the Annual Graduate Fortnight of the New York Academy of Medicine, an extensive symposium covering all phases of respiratory tract disease. The notable contributors bring the recent developments in this field to the physician not privileged to attend the Fortnight. Since these diseases account for more illness and deaths than those of any other system, circulatory alone excepted, the Academy's selection of the subject for critical review is most timely. A real need of the practitioner is adequately met.

A Textbook of Obstetrics. By Edward A. Schumann, A. B., M. D., F. A. C. S., Professor of Obstetrics, School of Medicine, University of Pennsylvania; Surgeon-in-Chief, Kensington Hospital for Women; Gynecologist and Obstetrician to Philadelphia General and Memorial Hospitals; Obstetrician to Chestnut Hill Hospital; Consulting Gynecologist to Frankford, Jewish, Burlington County and Rush Hospitals. 780 pages with 581 illustrations on 497 figures. Philadelphia and London: W. B. Saunders Company, 1936. Cloth, \$6.50 net.

This is an excellent treatise on obstetrics. The author's style is brief and clear. The book is unusually well illustrated. When reading this or other texts, the general practitioner doing obstetrics in the home without the aid of trained assistants and, perhaps without a high degree of operative skill, should remember that obstetrics under such circumstances should be more conservative than that which is practiced with excellent results under more favorable circumstances. For instance, analgesia and anaesthesia, because they depress the reflexes favorable to the completion of natural labor, should be used less freely than as recommended under more favorable circumstances. Because rectal examination is easier and simpler and conveys all the needed information in perhaps ninety per cent of cases, it would seem wise to recommend this to the general practitioner except where vaginal examination is necessary, rather than a routine single vaginal examination as suggested by the author.

The book as a whole is very up-to-date, sound, and practical. The author quotes Newell of Boston as stating that the first essential for a good obstetrician is to have fat buttocks and know how to sit on them. With this statement we heartily agree. This book would be an excellent companion on such occasions. The chapter on the management of pregnancy alone is well worth the price of the book, and if put in practice would result in a material reduction in our obstetrical mortality.

Facts About Commercially Canned Foods. A brochure prepared by the American Can Company. The educational material in this book is acceptable to the Council on Foods of the American Medical Association. The booklet may be had on request by writing the American Can Company, 230 Park Avenue, New York, New York.

Prepared primarily for the information of the public, this small booklet will interest many physicians. In particular, will physicians be interested in the chapters, "Canned Foods in Infant Nutrition," and "Vitamins in Canned Foods." The technical processes of canning are clearly explained.

Synopsis of Diseases of the Heart and Arteries. By George R. Hermann, M. D., Ph. D., Professor of Clinical Medicine, University of Texas, etc., Pp. 344 with 88 illustrations and 3 color plates. Price \$4.00. Saint Louis: C. V. Mosby Company, 1936.

Published as a synopsis of cardiovascular diseases, this book succeeds in concisely presenting these fundamentals. The volume is well suited for the purpose being of a convenient pocket size. It is recommended to those who wish to refresh or increase their knowledge of the circulatory system and it is to these physicians and students that the book is directed.

Arthritis and Rheumatic Disease. By Maurice F. Lautman, M. D., Consultant to the United States Public Health Service Clinic and Director of the Department for the Study of Arthritis, Leo N. Levi Memorial Hospital, Hot Springs National Park. With a foreword by Morris Fishbein, M. D., Editor, Journal of the American Medical Association. Pp. 177. Illustrated. Price \$2.00. New York: Whittlesey House, 1936.

The author discusses the modern concept of the recognition and management of arthritis in a most readable style. The causation, symptoms, prevention and the various modes of therapy are authoritatively presented. The chapter on the use of hydrotherapy will be particularly interesting to Arkansas physicians. The book will be of great help to patients afflicted with arthritis.

SOCIAL SECURITY, AND PHYSICIANS

Various Social Security Act forms are being distributed at this time to millions of employees and employers.

What is the status of physicians?

1. **OLD AGE BENEFITS:** A physician who employs one or more persons in his office is an employer as defined by the Social Security Act. He, as well as his employee or employees, is subject to the taxing provisions of Title No. 8 of the Act which deal with old-age benefits.

(a) A physician in the classification of "employer" should fill out the Social Security forms. So should his employee or employees. Forms should be filed with the local postal authorities or the district Internal Revenue Office.

(b) A physician in the classification of "employee" is considered an independent contractor, and thus is not subject to the taxes imposed on an employee, except where the physician is regularly employed on a full or part-time basis and is receiving a salary.

The old-age benefit taxes imposed on employers and employees apply to wages paid on or after January 1, 1937. Tax returns must be filed and the tax paid monthly. Information returns must be made quarterly. The present tax is 1% and is imposed on the first \$3000 of wages paid to any employee during the calendar year.

2. **UNEMPLOYMENT COMPENSATION:** Unless a physician has eight or more employees, he is exempt from Title No. 9 of the Act relating to unemployment compensation and is not subject to the payroll tax imposed by that part of the Act.

Detailed information on forms, taxes, procedure, etc., will be found in Regulations 91 relating to employees' and employers' taxes under Title No. 8 of the Social Security Act. If a copy of Regulations 91 cannot be obtained from local postmasters, one may be obtained from the Collector of Internal Revenue, Little Rock.

The most perfect satisfaction which one can have in medicine comes through the thorough study of one special chapter in every direction and from every point of view—clinical, histological, physiological and pathological.—Kocher.

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THE DIAGNOSIS OF TUBERCULOSIS BY THE GENERAL PRACTITIONER*

J. D. RILEY, M. D.
State Sanatorium

At the beginning of this century to most people, medical and lay, tuberculosis was a hopeless disease. Today it is the chronic disease which offers greatest hope of cure. In the short space of thirty-five years, our attitude has been changed. It is not only curable but is being cured. It is not only preventable but is being prevented. In 1900 the national death rate from tuberculosis was 202 per 100,000. Today it is 60.

It now seems quite probable that tuberculosis may be reduced to the status of one of the less important diseases within the next few decades. To do this, however, it is necessary to enlist the interest and wholehearted co-operation of the family physician for he first sees the patient. If he is tuberculosis-minded, this will mean earlier diagnosis.

The most important factor in the diagnosis in the majority of cases of pulmonary tuberculosis is keeping the disease in mind. The leadership of the battle against this disease is in your hands.

The statement of years ago that over 80% of minimal tuberculosis can be arrested and the patient restored to his place in society still holds true. Since this is true, then a great responsibility is placed upon the physician to properly diagnose a patient. Early diagnosis in tuberculosis is conceded by all to be the most important factor in the prognosis of the disease.

To accomplish early diagnosis in tuberculosis, it is absolutely necessary that the patient know the early symptoms of the disease. One of the things which has contributed much to the progress that we have made in our battle against this disease is the educational campaign and the future results depend largely on the

general dissemination of knowledge that will lead patients to consult physicians when they have the symptoms of early tuberculosis.

Notwithstanding the energetic campaign which has been waged, the public is not as yet sufficiently educated in matters of tuberculosis. The laity does not appreciate sufficiently the significance of the symptoms, does not consult the physician until the best moment has passed. This situation, the discussion of which time will not permit in this paper, must be met by intensification of our present publicity campaigns.

Medical education in tuberculosis has not been sufficiently featured. The problem of diagnosis, to date, has not been emphasized sufficiently in medical schools. Many schools are not equipped, either in the matter of clinical material or in the matters of teaching facilities, to give the student a sound diagnostic training in tuberculosis. As a consequence the average physician today is not sufficiently trained in the finer points of diagnostic technic. In many instances the practicing physician is content to wait for, and abide by the evidence of a positive sputum. Valuable time is lost. When the last word is said, when the final evidence is at hand, when the sputum has become positive, the disease process has frequently, or even usually, reached the advanced stage; the most propitious moment for treatment has passed, and the prognosis is irrevocably changed for the worse.

It is conceded that the recognition of tuberculosis, particularly in the early stages, is no simple matter. The diagnosis constitutes a problem which cannot be handled in a haphazard manner.

Nervousness, loss of weight, unusual fatigue, cough, expectoration, spitting of blood and pleurisy are the most usual symptoms of early tuberculosis. It is easy to understand how the busy general practitioner may overlook a diagnosis of tuberculosis unless he goes carefully

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 27, 1936.

into the history. Nevertheless, if the general public had enough knowledge of the early symptoms of tuberculosis to present themselves when the symptoms first appear and if physicians generally were tuberculosis-minded, nearly all cases of tuberculosis would be diagnosed early.

This paper will attempt to clarify in some degree the difficulty of early diagnosis and will now deal with the features that I consider most important in establishing the diagnosis.

History

Tuberculosis in the family of the patient is very important. History of being tired, loss of weight, cough, expectoration, pleurisy, or hemoptysis should lead to an investigation.

Summary: The symptomatology of early tuberculosis is protean in its manifestation. There are no symptoms or signs which can be considered universally pathognomonic. The diagnostician must consider the picture as a whole and must be prepared to find a picture that varies in its details in each particular case. The trained and experienced diagnostician has learned to form an opinion from the general clinical impression. There may be no symptom that is outstandingly characteristic of tuberculosis; the ensemble, however, of vague and unexplainable symptoms may be sufficiently distinctive.

Physical Findings

Diagnosis of early tuberculosis from the physical signs is difficult and requires the most favorable environment possible. Every examiner will develop his own individual technic. Most physicians find it easy and logical to go through the regular routine of inspection, palpation, percussion and auscultation. Time will permit of only a brief discussion of the value of each of these.

Inspection: The examiner should make a general review of the patient's physique. The most suggestive finding by inspection is a unilateral lagging of the affected side.

Palpation: Palpation may confirm unilateral lagging as suggested or indicated on inspection. Tactile fremitus may be increased over the diseased area.

Percussion: Light percussion is, in the opinion of most, the best method. Percussion has a distinct field of usefulness in locating areas of changed resonance. The interpretation of the change in resonance and its significance is a

matter for the judgment and experience of the physician.

Auscultation: Auscultation is one of, if not the most important, diagnostic measure in the diagnosis of tuberculosis. The presence of moisture in the lung fields above the hilus, in the absence of an acute respiratory infection, usually denotes a tuberculous process. Approximately 95 per cent of chronic infections above the hilus are tuberculous. On the contrary, only about 5 per cent of the chronic infections which primarily affect the base are tuberculous in character.

Roentgenological Findings: Since the introduction of the stethoscope no accessory aid has come to us which has proved its value in the diagnosis of pulmonary tuberculosis as has the roentgen ray. Stereo-roentgenograms, or films, are now being made with such skill and precision that it is possible to obtain a very clear view of the lung in its most minute anatomic detail, and to observe with ease any abnormalities which may be present. Fluoroscopy, while furnishing information of less definite nature than that furnished by the film, nevertheless has its field of usefulness. It permits an unlimited number of views of the part to be studied. It is particularly valuable in moving parts such as diaphragmatic excursion and heart movements and is now used routinely in determining refills in artificial pneumothorax. However, only gross lesions are well defined fluoroscopically and one is never justified in telling a patient he has no pulmonary disease from a fluoroscopic examination alone. The x-ray in some cases reveals a lesion of considerably greater extent than was indicated by physical examination and in some cases it reveals the presence of tuberculosis when the physical examination is entirely negative. But while recognizing thus the great diagnostic value of the roentgen ray, we should be reminded that usually it is only an accessory aid and cannot take the place of the clinical history, symptoms, the microscope and physical findings in arriving at a diagnosis. It must be remembered that, like any diagnostic method, its value will be measured by the technical skill of the physician in the making of the films no less than his ability to interpret them. The films must be clear and the markings well defined in order that the normal shadows may be distinguished from the pathological. The interpretation of hazy or otherwise imperfect films has as little

justification as a physical examination of the lungs without disrobing the patient.

It is hardly to be expected that all clinicians can become expert in the interpretation of chest films; yet it is very desirable that they have some knowledge of this subject. If they expect to do good work, it is even more essential to them to have good clear films, than it is to the roentgenologist who sees them day after day. In turn it is too much to expect of the roentgenologist that he have an intimate knowledge of the physical signs and symptoms of the chest disease. For these reasons close cooperation between the clinician and the roentgenologist is most apt to work to the patient's advantage. It is only where this type of cooperation is impossible that either clinician or roentgenologist is justified in taking upon himself the double duty. One who confines his work to tuberculosis should be thoroughly familiar with tuberculosis from every standpoint and in his work skill in the interpretation presupposes not only a familiarity with roentgen shadows, but also a working knowledge of the clinical and pathological features of tuberculosis. Unless such knowledge is at the disposal of the examiner, he will not be in a position to profit fully from his study of the film, nor will he be able to express in appropriate language the clinical or pathological type of the disease. The roentgen diagnosis will inspire respect in the mind of the clinician commensurate with the medical knowledge of the roentgenologist.

Tuberculin may be compared to electricity. Under proper control it has a great field of usefulness but in hands of the untrained, it is very dangerous. Some physicians are still inclined to consider the ordinary dermal test diagnostic of actual tuberculous disease. The dermal reaction indicates that tuberculous infection, with subsequent allergy due to sensitization, has occurred. The reactions, therefore, are of value only in young people as a means in determining whether or not tuberculous infection has taken place. When we recall that approximately 70% of adults evidence a positive tuberculin skin reaction, it must be apparent that the test is useless and misleading as an indication of active tuberculosis. It must be recalled too that a negative reaction may occur in an acutely ill or moribund child in whom allergy has been lost due to an overwhelming infection. The value of the tuberculin reaction is in inverse ratio to the age of the patient. In young children it is important but

in adults it is unimportant. When children react positively to the tuberculin test, an x-ray film should be taken to determine whether or not it reveals childhood tuberculosis is present. Institutional treatment is not necessary in childhood tuberculosis if the child has favorable living conditions at home and is separated from the source of infection. Institutional treatment is only necessary for adult tuberculosis when the disease is clinically active.

Activity. While I have endeavored to emphasize the importance of the local symptoms in the diagnosis of tuberculosis in regard to activity and prognosis, I should like to stress the importance of constitutional symptoms. Tubercle bacilli in the sputum and physical signs do not necessarily indicate activity. Without a doubt rales are a sign of potential activity and, when the patient is subjected to unusually strenuous life, potential activity is often converted into clinical activity. It is highly impractical and far from true to assume that the presence of rales always indicates activity. Many people with a positive sputum, rales, and other physical signs have kept well and worked hard for years. Hemoptysis may or may not indicate activity. Once the diagnosis is established, slight blood spitting is of little significance unless it should be the forerunner of a severe hemorrhage. The persistence of an unchanging cough, with or without sputum, may indicate only the presence of scars and have no bearing on activity.

Constitutional symptoms such as fever, tachycardia, dyspnea, and cyanosis indicate active disease and, if these symptoms continue unabated with the patient on absolute rest, indicate a grave situation. To use an analogy, cough, expectoration, pleurisy and hemoptysis are the green lights directing us to proceed slowly with caution while the constitutional symptoms, fever, tachycardia, dyspnea, and cyanosis, are the red lights, signaling us, indicating that danger lies ahead and that safety demands the side track. The side track of safety in such cases is absolute rest. Many capable physicians make the mistake of placing too much significance on physical signs and not enough on constitutional symptoms. Physical signs tell not what is, but what has happened. Constitutional symptoms tell what is. In the diagnosis of the disease, local symptoms far outweigh the constitutional symptoms, but in the diagnosis of activity of the disease the toxic symptoms are vastly more significant.

This paper would not be complete without a few words as to the cooperation of the general practitioner and the tuberculosis specialist. It is plainly your duty to be able to recognize suggestive symptoms and signs indicating early tuberculosis and refer such cases to the tuberculosis specialist in time to cure them. The scientific man in tuberculosis work, as in all the other fields of medicine, is conservative in giving his opinions. If you cannot feel the importance of the great problem of tuberculosis, this is sufficient evidence of your inability to render the service which an ever trusting public has a right to expect of you. A lifetime of study could cover only a small part of all that is to be known about tuberculosis; and the only possible way for us to serve humanity to the fullest extent is for us to work harmoniously together, disseminating knowledge of tuberculosis until we have eradicated this scourge to humanity.

CORRECTION

In the article, "Insulin Protamine Treatment of Diabetes," by A. A. Blair, M. D., Fort Smith, appearing in the January issue of The Journal, the following statement appearing under the legend on page 140 is in error: "***** 8 grams of carbohydrate to every gram of fat by weight." This should read "2 grams of carbohydrate." The dotted line in the illustration should be marked "A" and the continuous line should be marked "B" for more explicit description. The Journal regrets this error.

THE FRANKLIN COUNTY CORRESPONDENT

The Franklin County Medical Society met January 12th at Dr. Porter's office with a 25 per cent increase in attendance, one more than the previous meeting.

We had an excellent program with a paper on Tuberculosis which all said, and I admitted, was good. I was the essayist. Dr. Porter reported a case of appendicitis.

All of the officers for last year were re-elected, no doubt on account of their good record: President, W. C. Porter; Vice-president, W. H. Gibbons; Secretary-treasurer, Thos. Douglas; Delegate, J. L. Post; Alternate, Thos. Douglass.

All of us expect to attend the refresher course in obstetrics in Fort Smith next week. We regret that none of us could attend the postgraduate course in Little Rock.

By the way, our Dr. W. C. Porter was elected coroner for this county.

Yours very truly,

THOS. DOUGLASS, Secretary.

RECENT ADVANCES IN OBSTETRICS

B. JAMES REAVES, M. D.

Little Rock

Advances associated with pregnancy include the prenatal care which should begin not later than the second month. Note is made of the past history, the general condition, the pelvis, the blood pressure, the urinalysis, the Wasserman test, and the weight. The patient must be seen every two weeks for the first eight months and once a week the last month. During the latter the following points are observed: the weight, temperature, the pulse rate, the blood pressure, the urinalysis, the height of the fundus, the position of the baby and the rate of its heart. Concerning the diet in the early months, an increased intake of fluid and carbohydrates is encouraged, later salts and proteins are restricted, fruits and vegetables are increased and vitamins A and D are also given in concentrated cod-liver oil. The patient is instructed that she must not gain over 20 pounds above her normal weight during pregnancy. The percentage of hemoglobin is noted. Hemoglobin below 60% is abnormal and very common, tending to increase the difficulties during pregnancy, labor and the puerperium. There appears to be a definite relation between the toxemias and low hemoglobin which also predisposes to abortion and stillbirth. The administration of large doses of iron in the form of iron ammonium citrate, (2 gms. three times daily) or reduced iron (1-2 gms. three times daily) is followed in most instances by a rapid restitution of the blood to normal. According to the work of Toland ferrous sulphate in one-eighth the dosage (12 grs. per day) is equally as effective as iron ammonium citrate and is considerably cheaper and more convenient to the patient. It has been definitely proven that moderate degrees of hypochromic anemia are common in pregnancy. Therefore it should be of interest to all concerned with maternal welfare to note that the daily administration of as little as 0.5 gm. (7½ grs.) of ferrous sulphate to women during their last four months of gestation will prevent the development of hypochromic anemia. This has been proven by a large series of cases in spite of the fact that most of the women partook of a diet which was considered inadequate. Malpresentations such as breech must be corrected. Pelvic measurements, external and internal, are required.

The most common complications of pregnancy are the toxemias.

Vomiting must be regarded as toxic when it is persistent, when the pulse rate is rapid, and when associated with a loss of weight. The treatment is to give glucose solutions intravenously with daily colonic irrigation and the daily administration of sedatives. Kemp reported the use of adrenal cortex in 16 of his obstetrical patients who were troubled with more or less mild attacks of vomiting. They were all in the first trimester of pregnancy. He believed that adrenal cortex insufficiency resulted in gastrointestinal disturbance of which vomiting was a prominent symptom. He obtained complete and almost immediate freedom from vomiting in all of his treated patients. Freeman and Melick reported a case of pernicious vomiting where they used suprarenal cortex intravenously with excellent results. They are using it in all forms of vomiting of pregnancy.

Pre-eclampsia, the most common complication of the last three months of pregnancy, is indicated by a gain in weight, increased systolic blood-pressure, albuminuria and edema. It is treated by rest in bed, restricted intake of salt, the administration of saline purgatives and forced fluids.

Eclampsia has greatly decreased in frequency. De Snoo emphasizes the prophylaxis of eclampsia and the early recognition of symptoms of toxemia and the prevention of convulsions. For this it is necessary to prescribe a diet without salt but with a normal amount of proteins and fat and abundance of water. Milk is forbidden because it contains 1.7 grs. of salt per liter. The conservative treatment of the Rotunda Hospital for eclampsia has stood the test of time, and to this Solomons has added the intravenous injection of hypertonic glucose solutions and venesection. However, Dieckman of Chicago Lying-in Hospital, on close study of 700 toxemic patients, found that the hemoglobin is a little less than the average normal for pregnancy and decreases still more after delivery. He therefore states that venesections are not only contra-indicated but actually dangerous.

Placenta-praevia is diagnosed by roentgen-ray examination as described by Ude and Urner; and when possible, treated by low segment cesarean section. A brief summary of their technic is the instillation of a sodium iodide

solution into an empty bladder. It is a careful analysis of the densities between the bladder margin and the skull of the fetus that they depend for the roentgenologic diagnosis of placenta-praevia. However, this study depends on the presentation of the head of the fetus because if a breech or transverse presentation is encountered, there will be an absence of the head of the fetus from the lower uterine segment and the inner walls of the uterus cannot be accurately determined. While this diagnostic method is still in its infancy, no doubt it is of great value because of obtaining an accurate diagnosis without producing contamination of the genital tract.

Advances associated with labor:

Analgesia—the drugs used are the sedatives: morphine, pantapone and dilaudid; the hypnotics: bromides, chloral hydrate, and the barbiturates. Some obstetricians are having excellent result with sodium pentobarbital and scopolamine. It shortens the first stage of labor and in most cases gives perfect amnesia and analgesia on an empty stomach. Some prefer paraldehyde in preference to scopolamine. Kane has found that the combination of paraldehyde and benzyl alcohol produces satisfactory analgesia and complete amnesia in practically all cases in which labor is of more than four hours duration. He gives 1 c.c. to each 10 pounds of the patient's weight. To the paraldehyde he adds 1.5 c.c. of benzyl alcohol for the purpose of anesthetizing the rectal mucosa in order to facilitate retention of the paraldehyde.

The indications for cesarean section are much better defined and the low cervical operation is a great improvement on the old classical one. Keel and Jordan in a summary of a series of classical and cervical cesarean sections collected from various parts of the country found that 3468 classical sections were fatal in 192 cases, (5.2 per cent), and 2753 cases of cervical sections in 70 cases, (2.5 per cent). This shows the laparotrachelotomies to have a mortality rate of less than one-half the rate for the fundal operation. Along with a definitely lower mortality it has been shown that there is a lower morbidity and smoother post-operative course. There is also better healing of the uterine incision with less possibility of subsequent rupture. At the Chicago Lying-in Hospital all cesarean sections are of the laparotrachelotomy type. Also they are done by local infiltration, using one-half per cent novocain solution, never using

over 300 c.c. This does away with the nausea and the post-operative dangers following general anesthesia. According to DeLee, local anesthesia is the ideal anesthetic for the low cervical section. It is far superior than spinal anesthesia because the latter is not safe when a woman is in labor, or at the end of her pregnancy. The reason is that the straining of her labor, or the uterine contractions alone, force the spinal circulation of fluid towards the medulla. Another reason is that the emptying of the uterus lowers abdominal pressure which, combined with the lowering produced by spinal anesthesia, might be fatal.

Neonatal death is largely due to anoxemia. This is effectually overcome by removing mucous from the mouth and air passages with a tracheal catheter.

The nursing mother during the puerperium should be supplied with a large amount of protein in the diet. Puerperal infection is prevented as far as possible by scientific delivery, proper prenatal care and postnatal care. From the work of Schwarz at Barnes Hospital, he found that anaerobic streptococci play the predominant part in the etiology of puerperal infection, and that their presence in the vagina of a large percentage of women at term indicates that the infection is endogenous and develops only when conditions favor their growth. For the past six years Schwarz and his co-workers have been routinely instilling into the vagina one per cent neutral acriflavine in glycerin at the beginning of labor. Since they have been using the vaginal instillations they have practically eliminated the serious cases of puerperal infections due to anaerobic organisms. Galloway also routinely instills acriflavine at the beginning of labor.

Moore has reported treating three cases of puerperal infection with the Elliot treatment obtaining marked results. His cases all receive the usual supportive treatment of dextrose by phlebotomy, and two of them received blood transfusion. All of them received ergot, quinine and pituitrin. With the supportive treatment he gave Elliot treatments and noticed a marked increase in lochia and a rapid decrease in the size of the uterus, this being an accompaniment of the pelvic hyperemia produced.

Adair, Davis and Rogers have isolated the pure active principle of ergot in the crystalline form. It is marketed under the trade name of ergotrate (Lilly). It is stable, non-toxic and

produces prompt and prolonged uterine contractions. During the puerperium, in cases of sub-involution, it is especially beneficial. In post partum hemorrhages where the uterus fails to contract with the use of pituitrin, ergotrate given intravenously brings about immediate contraction of the uterus. It is also used to an advantage in cases of incomplete abortions.

Reliable statistics prove the mortality rate has not been decreased in spite of improved prenatal care. No doubt this is due to the fact that the good work of the trained and skilled physician is over-balanced by the poor work of the unskilled and unconscientious practitioner.

942 Donaghey Building.

MY RESULTS WITH IONIZATION TREATMENT IN NASAL ALLERGY*

VIRGIL L. PAYNE, M. D.
Pine Bluff

The process of passing foreign positive and negative ions through the skin and mucous membranes of the body for therapeutic purposes, by means of a direct electric current, is known as "ionization"; or, Iontophoresis.

I became interested in this treatment in 1934, because Warwick, Alden, and a few others claimed such excellent results for it; and I had become discouraged with the treatment in vogue of these nasal allergies, such as the skin testing with the administration of extracts; long in advance of any symptoms, for it was far from satisfying either to the patient or myself, and from a therapeutic standpoint left much to be desired.

Assuming an allergic basis for the disease, it is rational to search for the offending allergen, remove it from contact with the sensitive individual, and effect specific immunization. Theoretically sound as this may be, I have not observed the results claimed for it by some enthusiasts. I do not claim 100% cures in all cases of nasal allergy, for I have had some failures; but by results have been so gratifying that I believe with some further experimentation ionization holds much for the future of those suffering from allergy.

It is not my aim to arouse the ire of the allergist by anything I might say today, for

* Read before Section on Ophthalmology and Otolaryngology, Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

most of the cases I will report were worked out with the help of not only a good allergist but a good friend, and one whose ability, conscientiousness, and integrity I regard very highly, our mutual interest being to help suffering humans, for as someone has said of the patient damned with allergy, "He's a poor devil to start with, so God pity him."

I made a visit to Ft. Worth to see and talk to Dr. Warwick and gained much valuable information regarding his treatment, and I follow his technique in nearly all details.

Technique

I usually give the patient the same orders as for nasal operations: small cup of coffee, tea, or glass of orange juice at 6:00 a. m. Report at office at 8:00 a. m. My first cases I did at the hospital, but now since I do only one side of the nose at a time, most of the cases are done in my minor operating room at the office. The patient, if very nervous, gets pantapone grs. 1/3, atropine grs. 1/150 at 8:00 a. m., one nembutal capsule at 8:30 a. m. If not, one nembutal capsule at 8:00 a. m. and repeated in half hour.

The nose is packed with cotton strips soaked with a solution of equal parts 10% cocaine and adrenalin and allowed to stay for ten minutes. These are removed and the nose carefully packed with cotton strips saturated with electrolyte and the electrode introduced in the center. At first Warwick used the zinc electrode and sulphate in the electrolyte, but he found that by the addition of cadmium and tin the local reactions are very much less severe. Cadmium is an astringent and makes the heavy white membrane, while the tin tends to keep down infection.

It is in the faulty packing of the nose that some of our failures and accidents are due, for unless all of the mucous membrane of the nose is covered and all space or pockets between the wrapped electrode and the cotton strips are eliminated, the current will not flow properly and the ohm meter reading will be too high. It is very discouraging to repack the nose, but if the treatment is given with the ohm meter reading too high the reaction will be more severe, and there is danger of injuring the mucous membrane.

I use the Burdick apparatus; and, as Hurd states, it is especially adapted for nasal ionization and eliminates error, as much as can be done in a machine. It has ohm and milliamperage

meters, terminals which plug in so that one cannot make a mistake as to poles, and a clock which times the length of flow of current and also turns off the current at the end of the treatment, so that there will be no shock. The arm cuff, separated from the skin by a pad saturated with saline solution, is placed on the forearm. The negative pole is connected to the arm cuff and the positive pole to the electrode in the nose. The ohm meter reading should be between 2000-3000. If higher, pass a couple of milliamperes through the circuit, as this usually diminishes the resistance of the skin and the ohm reading will be lower; but if it is still high, the nose should be repacked. The current is turned on gradually until the milliamperage desired is reached. I usually use 10 milliamperes for ten minutes. As the current begins to flow, the patient has a metallic taste and there is increased secretion from the eyes and mouth. At the end of ten minutes the automatic cut-off switch stops the current. The electrode and cotton packs are removed. The tissues are seen to be contracted and the turbinates and septum are covered with a grayish white coating which by the next day has the appearance of a jelly-like fibrin, which completely fills the vestibule. This persists for from three to five days, and I believe best results are obtained when this membrane is allowed to come away of its own accord and not hastened by pulling or probing. The mucous membrane, which was pale and watery before treatment, is now pink and dry. The other side of the nose is treated in a week or ten days.

Two or three hours after treatment the patient may complain of headache, which, if it becomes severe, codeine usually relieves. If the eye lids should swell, I use astringent eye drops and an ice cap. By the next morning the patient is free of headache and there is very little swelling of the eye lids. The ionized side of the nose, however, is completely obstructed with grayish gelatinous membrane.

It is astonishing how quickly most of the patients get relief from their allergic symptoms.

I will not enter into a discussion of the physiologic and electro-chemical effects of ionization; but for those who might be interested, reference is here given to a recent symposium held on this subject at the Mid-Western Section of the American Laryngological, Rhinological, and Otological Society held in St. Louis January 15, 1936.

Warwick at first thought that he was producing merely a local change in the patient's nasal mucosa which perhaps rendered the nerve endings less sensitive to allergens, but further work, particularly on certain cases of food allergies, manifested by urticaria and asthma, and cases of angioneurotic edema, who had never complained of nasal symptoms, have convinced him that the reaction is not only local but systemic. Burch writes that the nature of the reaction, whether it be local or systemic, is a problem waiting solution. It seems probable that it is both local and systemic. The local reaction may be seen easily in certain cases. The systemic response is less in evidence but undoubtedly takes place, for if an electric current passes through the body, according to the electrical theory, it affects the entire body, since it is an integral part of the electric circuit.

Mrs. J. H. Alexander of St. Louis in recent experiments on the passive transfer relation of the reagin content of the blood to iontophoresis found that in patients who received little or no relief from the treatment, reagins were demonstrated in the blood to a high degree, and in those who obtained complete relief, reagins were absent.

Much has been written about the injurious effect of ionization on the nasal mucosa, and here I must rely on the experiments and findings reported in the literature, for my means of research are very limited. McMahon & Smit of St. Louis have done extensive experiments on dogs in this connection, but can we compare these results with those in the human or allergic membrane? Is there more possibility of error and over-stimulation or actual cauterization in the dog and guinea pig than the human, because of faulty technique? The human nose is small enough and difficult to pack correctly and I am wondering how it was in the dog or guinea pig. It has been shown that if air pockets exist between the electrolyte and the tissue the ions will not pass this barrier and should the electrolyte itself come in contact with the tissue, the current will be largely short circuited and fail to pass through the electrolyte. The current strength should be maintained at a level where pain will be minimized and actual cauterization not take place. The human can advise you should such take place during the treatment, but what about the animal?

Boling states "The effect of ionization on the regeneration of the excised tissues was neg-

ligible. Ionization of 2% zinc sulphate solution in the nasal cavity destroys the general epithelium and causes leukocytosis and hyperemia but has no noticeable effect on the regeneration of tissues."

Drs. Mosher & Heine of Boston experimenting on the effect of radiation upon ciliated epithelium were astonished at the hardness of this supposedly delicate epithelium which lines our nasal cavities. Warwick had specimens of patients done from five days to five years after treatment examined by the Department of Pathology of the University of Wisconsin and reports that no damage is done to the nasal membrane if treatment is carried out properly.

By What Process Does Ionization Get Results?

Microscopic examination of nasal mucosa which has had ionic treatment reveals that a new membrane is formed, with greater powers of resistance to protein coming in contact with it from inhaled air or from food sprays from the pharynx. By thus removing the old sensitive membrane, by precipitation of its constituent proteins, and by formation of a new desensitized membrane under the protective sheath of the impervious metal-protein compound, the ionic treatment provides for elimination of those reflex stimulations through the sphenopalatine ganglion, which are the distressing symptoms of hay fever, asthma, and food allergy.

Though the number of cases I have treated is small and some might contend that in a larger series the results would not have been as gratifying, yet they compare favorably with those reported in the literature.

I treated 12 cases the first year and 19 last. All of them had either a family background of allergy, definite nasal symptoms, had skin tests and extracts, or an increase of eosinophiles in the nasal secretion, but their symptoms still persisted in spite of various energetic forms of treatment. A very careful anamnesis is taken on all patients, personal and family. Those which have seasonal symptoms or seem to fall in the pollen group are skin tested. In those of the perennial type, hyperesthetic rhinitis, etc. with symptoms mostly of nasal congestion and blockage, nasal smears are made as suggested by Hansel with especial reference to eosinophiles. Food allergies are given elimination diets, so that we may check our findings after ionization. Asthmatic cases are handled very carefully, especially if of long standing. In emphasizing the nasal allergies, we must not

disregard the frequency of other common manifestations or minimize the importance of less frequent disturbances due to various allergic causes, as in bronchial asthma, food, pollen, animal emanations, orris root, pyrethrum, dust and other miscellaneous allergens may individually or concomitantly produce perennial hay fever.

In the first series there were five who had as their major allergic manifestation hay fever, three hay fever complicated by asthma and four perennial hyperesthetic rhinitis. In the true hay fever cases three got relief, one had slight return of symptoms but not severe enough to give a second treatment, and one had to have a second treatment before relief was obtained. The following year none of these patients had to have a second treatment and so far have been free of symptoms. In the three complicated by asthma, two were relieved completely, but the third, a lady aged 58 whose asthma was of many years duration, was relieved for about two months, when her symptoms returned. The hyperesthetic rhinitis cases all received complete relief. One of these cases was complicated with polypi in both nares, in fact two years previously had had a Luc-Caldwell operation on both antra, but the polyps soon returned. On several occasions I have removed them either with snare or electric cautery, but since the ionization nearly two years ago there has been no return. This patient is examined every three months, for he has requested that upon the first sign of any polyp he wants another treatment, as he has secured more relief from it than anything he has tried since his symptoms began some years ago.

In the cases treated last year there were nine cases of perennial or hyperesthetic rhinitis, six cases of true hay fever, and five complicated with bronchitis or asthma, urticaria and angio-neurotic edema. In this series the treatment was given either after the season began or when symptoms were most troublesome. In the hyperesthetic cases all received complete relief but two had to have a second treatment, and so far are still free from symptoms. Five of the cases of hay fever were relieved, two had to have a second ionization, and one received only slight benefit after each treatment so refused the third attempt. All the asthmatics were well pleased with their relief and one especially was grateful, a lady aged 62, who had suffered from

allergy all her life but with asthma only about a year and since treatment has been free from symptoms for over a year. She has attested her gratitude by sending two other patients for treatment. The patients with urticaria and angio-neurotic edema were not relieved of these symptoms, but their nasal manifestations were much better. Some authors have reported cases developing asthma following ionization who did not have this symptom before, but so far it has been my good fortune to miss this complication. Usually the cases with asthma have an increase of symptoms for the first 24-48 hours, which then are relieved.

I do not hold that this type of treatment is a cure-all for all types of allergic conditions, but I do believe it has a definite place in the field of allergic therapy, and that with further experience it will definitely find its level, and that by this means we will be able to offer relief to many patients who at the present time are not being relieved.

Conclusions

1. My best results have been in the hyperesthetic rhinitis and asthmatic cases or those of hay fever complicated by some other manifestation of allergy.
2. It is best to give the treatment after hay fever symptoms have started.
3. All patients reported they had fewer colds during the winter after ionization.
4. Iontophoresis is the best therapeutic agent that the otolaryngologist possesses for treatment of allergic diseases of the nose.
5. Its greatest value is in those cases that are the results of inhalants.
6. The objections to the treatment are theoretical, whereas numerous rhinologists have presented positive proof of its practical value.

Actually, we are not living under conditions that require a radical change. No one is dying for the lack of medical care. Improvements can and are being made in distributing more evenly the heavy economic burden of severe illness without governmental interference and domination. Our present method is self-respecting, adequate, practical, and American—let's keep it.

—Detroit Medical News.

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EDITORIAL

LET'S SPEAK UP IN MEETING.

The Journal views with considerable satisfaction an apparent increase in lay talks being made by Arkansas physicians. Civic clubs, labor groups, womens' organizations, P. T. A. organizations and other public meetings are frequently addressed by physicians. This we view as an encouraging sign; no doubt there is an awakening of the medical profession to the need for bringing the message of the physician, his ideals, his aims, to the general public. In no other way can we surely develop a sympathetic attitude toward our crusade to prevent the exploitation of the profession by reformers and socialistically-inclined theorists. If we fail to present information on medical and health subjects to the laity, if we shirk our responsibility in this, we can well know who will assume the opportunity to disseminate damaging propaganda—promoters, profit seekers, paid reformers and unscrupulous politicians.

The need for efficient public health and medical services, unhampered by governmental or bureaucratic control must be repeatedly told to the public. The problems of medical practice and service, the benefits which accrue from scientific medicine and the satisfactory operation of a competitive private practice and individual initiative, must be oft reiterated to the public.

The opportunity for such a service to himself and to his profession exists for every physician. There is no physician but who has innumerable contacts with laymen, either as individuals and patients, or through membership or association in some group. Each of these individual physicians exercises influence on the lives, thoughts and actions of a goodly number of his lay associates. To his words they will give thoughtful and attentive study. Only through an informed, sympathetic public can we expect to retain the advantages of our present system of medical practice. The fundamental principles of the practice of medicine with its tradition of service are at stake. The public is the judge. It is your solemn duty and obligation to favorably mold public opinion in your immediate circle of influence. The realization of the need and the aggressive execution of a personal, active part in informing the public by every individual physicians will leave us with no fear for the future.

THE CONTROL OF SYPHILIS.

That health officials plan a vigorous campaign to reduce the widespread prevalence of gonorrhea and syphilis is shown by the three-day conference of health officials, social workers and physicians held in Washington during December at the request of Surgeon-General Parran of the United States Public Health Service. General Parran has made the "stamping out of syphilis" a popular slogan and is enthusiastically advocating this as the next great point of attack in the problem of public health protection for the nation.

The conference received the hearty support of federal, state and local health officials, the organized medical profession and other voluntary agencies. We are informed that the agenda for the conference was most complete and that a definite driving force was readily discernable behind the discussions. One of the representatives from Arkansas has aptly described the meeting as one organized on the lines of our world war activity with comparable zeal from the participants. A subsequent issue of The Journal will carry the report of the state society committee on the control of syphilis together with a summary of the activities of the conference.

The Journal would like to emphasize that this campaign bears the indorsement of the organized medical profession; throughout its scope the private practitioner appears in a prominent role. The idea was first presented before the Conference of State Secretaries in November, receiving their indorsement as well as that of the American Medical Association. The directing heads of the conference requested committees from each state medical society to assume the leadership for the campaign in the respective states. The medical schools were requested to cooperate in order that medical education might stress these diseases. As stated, health departments were generally represented. The general aim of the conference is lay education and the prevention and cure of syphilis. Such a program deserves the whole-hearted support of the medical profession.

OBSTETRIC REFRESHER COURSES

The Journal is advised that the first obstetric refresher course held at Jonesboro January 4th through 8th was most favorably received. The average attendance was fifty physicians, all of whom expressed appreciation of the opportu-

ity of the course. Conducted by Dr. M. Edward Davis, Associate Professor of Obstetrics and Gynecology, University of Chicago Medical School, the courses are being presented in Arkansas with the cooperation of the Arkansas Medical Society, the Arkansas State Board of Health and the Children's Bureau, Department of Labor.

The course will be continued in February as follows:

Hope—First Baptist Church—February 8th through 12th.

Monticello—Ridgeway Hotel—February 15th through 19th.

Conway — Masonic Hall — February 22nd through 26th.

Physicians residing in the vicinity of these courses are urged to take advantage of this course. There is no fee or other expense to the physician for attendance. None but licensed physicians are eligible, however, for the course.

EDITORIAL COMMENT

DID THIS COST YOU FIVE DOLLARS?

COOPERATIVE AUTOMOBILE ASSOCIATION, INC., OF NASHVILLE

Dr. W. R. Brooksher of Fort Smith, Ark., secretary of the Arkansas Medical Society, informs us that one A. H. Cravens of Memphis has called on physicians in the interest of the Cooperative Automobile Association, Inc., of Nashville, with a plan for legal, medical and mechanical assistance to automobile owners which involves the listing of approved garages, attorneys and physicians. Inquiry developed the fact that this company is not licensed to do insurance business in either Tennessee or Arkansas and has not been authorized to do business in Arkansas as a service corporation. Mr. Cravens exhibited evidence that more than 100 physicians in Tennessee had paid him \$5 in order to be listed in his directory.—Medical Economic Abstracts J. A. M. A., Jan. 16, 1937.

Members of the Arkansas Medical Society are again reminded that participation in so-called medical directories has been ruled unethical by the Society and by the American Medical Association. The primary purpose in such action has been the desire to prevent exploitation of our membership by these schemes. You can rest assured that your firm refusal to pay for the listing of your name in any such directory will result in no loss of referred patients; on the contrary, you will save the listing fee.

"On the Witness Stand," a pamphlet which concisely presents the case against socialized medicine in America, was mailed every mem-

ber during January. It is urged that this be carefully and thoughtfully read, that its arguments be committed to your memory and that you prepare yourself to present them at every opportunity when the discussion of any change in medical plans is approached.

THERMOMETERS.

Those neat little white pocket thermometer cases you see about you these days are the return for answering a few simple questions in a questionnaire recently received by all of us. The answers appeared quite easy, yet, just how much explaining may be necessary when the radio and national advertising campaign quotes "umpsteen" thousand doctors who say that "smoking is not harmful" is another problem. Remember in answering questionnaires, you are making a statement as a professional man; not participating in a straw vote.

"Veterans Hospitals are definitely competing with voluntary hospitals and individual medical practice in providing hospital and medical care for patients who do not come within the provisions of the veterans administration legislation . . . The menace of the veterans' hospitals to voluntary hospitals and to the medical profession is real and will assume larger proportions if Congress authorizes the building of these new hospitals and important additions to those already built."

—Report of Legislative Committee of the American Hospital Association, 1936.

The above is submitted for the consideration of private practitioners although primarily intended for hospital managements. The medical profession is well aware that the private practice of medicine is equally affected. Continued activity in the way of erection of additional hospital facilities constitutes a real threat to individualistic practice of medicine.

TESTIMONY IN INSANITY CASES

The following sections are from ACT THREE adopted by the voters of Arkansas November 3, 1936:

SECTION 11. Insanity defense. Whenever a prosecution for any crime has been instituted in the circuit court by indictment or information, and the defense of insanity at the time of the trial or at the time of the commission of the offense has been raised on behalf of the defendant and becomes an issue in the cause, or the circuit judge has reason to believe that the defense of insanity will be raised on behalf of the defendant and will become an issue in the cause, or shall be of the opinion that there are reasonable grounds to believe that the defendant was insane at

the time of the alleged commission of the offense with which he is charged, or has become insane since the alleged commission of such offense, the judge shall postpone all other proceedings in the cause and shall forthwith commit the defendant to the Arkansas State Hospital for Nervous Diseases, where the defendant shall remain under observation for such time as the court shall direct, not exceeding one month. The judge shall order the superintendent or supervising officer of the State Hospital to direct some competent physician or physicians employed by the State Hospital to conduct observations and investigations of the mental condition of the defendant, and to prepare a written report thereof. On issuing such order, the judge shall direct the circuit clerk to notify the prosecuting attorney and the counsel for the defendant of the issuance of the order. If the defendant is at large on bail, the court shall commit him to custody during the period and for the purpose of the examination hereinbefore provided. If the trial has already begun when the issue of insanity is raised, and the court deems it necessary for the proper administration of justice that a mistrial be declared, it shall be the duty of the judge to declare such mistrial and then to proceed as herein provided. The action of the court in committing the defendant for examination shall not preclude the State or defendant from calling expert witnesses to testify at the trial, and such expert witnesses shall have free access to the defendant for the purposes of observation and examination during the period of his commitment to the State Hospital for examination. A written report prepared by the physician or physicians employed by the State Hospital shall indicate separately the defendant's mental condition during the period of the examination, and his probable mental condition at the time of the alleged offense. This report shall be certified by the superintendent or supervising officer of the State Hospital, under his seal, or by an affidavit duly subscribed and sworn to by him before a notary public who shall add his certificate and affix his seal thereto.

SECTION 12. Testimony of Physicians. The physician or physicians who prepared the report shall be summoned as witnesses at the trial at the order of the trial judge or at the request of either party, and if summoned shall be examined by the court and may be examined by either party, and a copy of the written report hereby required shall be given in evidence in every case in which the fact of sanity is an issue at the trial. Witnesses employed by the State Hospital shall be so summoned to appear as to require as little loss of time as possible from their other duties. The actual necessary expenses of such witnesses incurred in attending such trial shall be paid by the county, but they shall receive no fees for their services as witnesses, and their claims for such expenses shall be examined and approved by the trial judge before they may be allowed by the county court.

SECTION 13. Insanity as ground for postponement of sentence. The procedure prescribed in the preceding sections of this act shall also be followed, insofar as it is applicable in any case in which the insanity of a convicted defendant is alleged as a ground for postponing or not carrying out the execution of any sentence imposed as part of the judgment of conviction of such defendant. In such cases, a hearing shall be held in the manner provided by law, but the evidence provided for in the preceding sections hereof shall be given at such hearing.

PROCEEDINGS OF SOCIETIES

Independence County Medical Society has elected the following officers: President, Paul H. Jeffery, Bethesda; Vice-president, L. T. Evans, Batesville, and Secretary-treasurer, C. A. Churchill, Batesville.

Union County Medical Society has elected the following officers: President, Berry L. Moore; Vice-president, W. S. Riley; Secretary-treasurer, J. K. Sheppard; Delegates, A. D. Cathey, L. L. Purifoy, and Alternates, D. E. White and J. G. Mitchell.

Saline County Medical Society has elected the following officers: President, M. M. Blakeley; Vice-president, J. W. Ashby; Secretary-treasurer, T. C. Watson, and Delegate, Dewell Gann, Sr.

The Eye, Ear, Nose and Throat Club of Fort Smith met December 28th for the following program: "Traumatic intraocular hemorrhage," L. M. Henry; "Intraocular sarcoma," H. & E. C. Moulton; "Acne rosacea," H. and E. C. Moulton; "Interstitial keratitis following foreign body," R. T. Smith, and "Neoplasm in region of tear sac," R. H. Huntington, Fayetteville.

The White County Medical Society has elected the following officers: President, M. C. Hawkins, Jr., Searcy; Vice-president, C. M. Peeler, Pangburn, and Secretary-treasurer, A. J. Dunklin, Searcy.

The Second Annual Conference of County Medical Society Secretaries in Arkansas was held January 5th at Little Rock. Addresses were made by Geo. B. Fletcher, Hot Springs National Park, "Compulsory Health Insurance"; Val Parmley, Little Rock, "Medical Legislation"; W. B. Grayson, Little Rock, "How the Social Security Act Works"; A. S. Buchanan, Prescott, "Problems of the State Medical Board"; Omar Throgmorton, Little Rock, "Malpractice: Cause, Prevention and Defense," and Mac F. Cahal, Wichita, "The Modern Aggressive County Medical Society: An Instrument of Value to the Private Practitioner." F. S. Dozier, Clarendon, and Fount Richardson, Fayetteville, were elected Chairman and Secretary, respectively. The following were in attendance: Chas. D. Tibbels, Black Rock; J. S. Westerfield, Conway; Thos. Douglas, Ozark; J. C. Gilliam, Des Arc; L. M.

Henry, Fort Smith; F. S. Dozier, Clarendon; A. S. Buchanan, Prescott; W. B. Grayson, Little Rock; M. F. Cahal, Wichita; T. C. Watson, Benton; G. L. Kimball, DeQueen; Geo. B. Fletcher, Hot Springs; Fount Richardson, Fayetteville; O. W. Hope, Sheridan; F. A. Corn, Lonoke; H. T. Capel, Pine Bluff; J. P. Price, Monticello; Jim McKenzie, Hope; C. W. Dixon, Gould; Val Parmley, Little Rock; M. J. Kilbury, Little Rock; S. B. Hinkle, Little Rock; E. H. White, Little Rock; G. R. Siegel, Clarksville; M. E. McCaskill, Little Rock; S. S. Beaty, England, and A. J. Dunklin, Searcy.

Carroll County Medical Society has elected the following officers: President, C. W. Slusser, Green Forest; Vice-president, J. F. John, Eureka Springs; Secretary-treasurer, D. K. McCurry, Green Forest; Delegate, J. R. Parker*, Berryville, and alternate, W. A. Butt, Green Forest.

The Crawford County Medical Society met December 30th as guests of B. B. Bruce in Alma, electing the following officers: President, J. R. Crigler, Alma; Vice-president, M. S. Dibrell, Van Buren, and Secretary-treasurer, O. J. Kirksey, Mulberry. Following the business session the members of the Society with additional guests were dinner guests of Dr. and Mrs. Bruce.

O. J. Kirksey, Secretary.

The second postgraduate study course of the Society was held at the University of Arkansas School of Medicine January 13-14th under the direction of the Committee on Postgraduate Study. Approximately one hundred physicians were in attendance to hear the guest speakers: W. C. Alvarez, Rochester, Minnesota; Curtice Rosser, Dallas, and Urban Maes, New Orleans. Society members who addressed the sessions were: J. S. Levy, J. N. Compton, Paul Mahoney, F. H. Krock, W. R. Brooksher, Dewell Gann, Jr., Geo. V. Lewis, H. A. Higgins, H. E. Murry, D. A. Rhinehart, H. W. Hundling, B. A. Rhinehart, and H. G. Hummel.

The Benton County Medical Society met at Siloam Springs January 14th for the following program: "Upper Urinary Tract Infections," F. H. Krock, Fort Smith; "Recent Advances in Nephritis," C. T. Chamberlain, Fort Smith; "Old Chestnuts in New Hulls," W. H. Mock, Prairie Grove, and "Liability Insurance," F. M. Duckworth, Siloam Springs.

Geo. M. Love, Secretary.

* Deceased.

The Fifth Councilor District Medical Society met in dinner session at El Dorado January 5th for the following program: "Sinusitis in Children," Robert Caldwell, Little Rock; "Diagnosis and Treatment of Vascular Diseases of the Extremities," F. Walter Carruthers, Little Rock; "Empyema," Berry L. Moore, El Dorado; and "Problems of the State Medical Board of the Arkansas Medical Society that the Profession Should Know," A. S. Buchanan, Prescott.

The Miller County Medical Society was addressed December 18th by Joe Tyson, "Control of Syphilis," and N. B. Daniels, "Prevention and Treatment of Puerperal Infections." Wm. Hibbitts presented a case of probable pericardial effusion. The following officers were elected: President, R. R. Dale; Vice-president, W. D. Smith; Secretary-treasurer, R. R. Robins; Delegate, Albert Mann, and Alternate, N. D. Daniel.

—R. R. Robins, Secretary

The Garland County Medical Society will be addressed at its meeting February 9th in Hot Springs by Fred Albee, New York. Members of the Arkansas Medical Society are cordially invited.

Nevada County Medical Society has elected the following officers: President, A. B. Dickey; Vice-president, S. J. Hesterly; Secretary-treasurer, F. W. Regnier; Delegate, A. S. Buchanan, and Alternate, J. B. Hesterly.

PERSONALS AND NEWS ITEMS

M. F. Lautman, Hot Springs National Park, addressed the December banquet session of the Chicago Medical Society on "The Present Status of Treatment of Arthritis."

D. W. Goldstein, Fort Smith, attended the Conference of Syphilis Control called by the United States Public Health Service December 29-31 as representative of the Arkansas Medical Society. T. T. Ross, Little Rock, attended as representative of the State Board of Health, and G. W. Reagan, Little Rock, as representative of the University of Arkansas School of Medicine.

D. W. Goldstein, Fort Smith, addressed the Southern Commanders of the Woman's Field Army on Cancer at Memphis, January 25th, on "The Relation of the Medical Society to the Woman's Field Army."

Dr. H. A. Dishongh has announced the appointment of J. N. Roberts as deputy coroner for Pulaski County.

John M. Samuel, Little Rock, attended the Conference on Contraceptive Research and Practice in New York City in December.

The December Tri-State Medical Journal contains the following: "Lap Dogs and Rabies," F. O. Mahony; "The Isms, Pathies, and Theories in the Healing Art," W. L. Kitchens, Texarkana, and "A Few Thoughts on Medical Economics," L. J. Kosminsky, Texarkana.

W. A. Grimmett, Blytheville, and H. A. Dishongh, Little Rock, have been appointed medical examiners for the Bureau of Air Commerce.

J. A. Summers has been reappointed director of the Pulaski County Health Unit.

John R. May has been reappointed superintendent of the Pulaski County Hospital.

John M. Smith, formerly of Russellville, has completed the public health course at Vanderbilt University and has been assigned to the Conway County Health Unit.

A. F. Pirnique, Little Rock, recently addressed District 5, State Nurses' Association.

C. H. Lutterloh, Hot Springs National Park, has recovered from a bilateral hernioplasty.

Dr. and Mrs. B. B. Bruce, Alma, entertained the members of Crawford County Medical Society and other physicians at dinner December 30th.

MARRIED—At Wynne, December 23rd, Dr. T. J. Stewart and Miss Myrtle Tyer.

Robert H. Johnson has become an associate of Earle H. Hunt at Clarksville.

J. O. Pierce, Marked Tree, recently took post-graduate work in roentgenology at Cook County Hospital, Chicago.

C. J. Higinbotham has been elected surgeon of the Walter C. Hudson Camp, Spanish War Veterans, at Pine Bluff.

J. T. Matthews has been elected president of the Heber Springs Rotary Club.

Recent elections include: D. K. McCurry, President, First National Bank, Green Forest, and W. A. Purifoy, President, Bank of Chidester.

F. A. Corn, Jr., Lonoke, has been appointed a Trustee of the University of Arkansas.

Thos. C. Watson, Benton, has been appointed Director of the Tenth Health District, comprising Saline, Hot Spring and Grant counties.

W. Meyers Smith, Morrilton, has resigned his appointment as Director of the Field Experience Center to accept appointment as Director of Maternal and Child Welfare Division of the State Board of Health. W. P. Scarlett, director of the Conway County Health unit, will succeed Dr. Smith, and Dr. John M. Smith will assume the duties of director of the county health unit.

A. L. Peacock, Gentry, has sold his drug store and is devoting his entire time to practice.

D. W. Goldstein, Fort Smith, recently addressed the City Federation of Women's Clubs on "The Control of Syphilis."

The following have been elected: I. R. Johnson, Vice-president, Farmers Bank and Trust Company, Blytheville; A. F. Hoge, Director, City National Bank, Fort Smith; J. H. Lamb and G. S. Self, Directors, National Bank of Commerce, Paragould, and W. E. Ellington, Director, First National Bank, Paragould.

Recently elected officers are: O. L. Williamson, President, First National Bank, Marianna; W. S. Crawford, Director, First National Bank, Marianna, and C. P. Cisco, Director, First State Bank, Springdale.

H. D. Wood, Fayetteville, was honored by a party at his home January 8th in which physicians, nurses and citizens of Fayetteville participated celebrating his 90th birthday. In addition to the birthday cake with 90 candles, he was presented with a chest containing ninety silver dollars.

COMING MEDICAL MEETINGS

Arkansas Medical Society, Little Rock, April 12, 13, 14, 1937.

American Medical Association, Atlantic City, June 7-11, 1937.

OBITUARY

JAMES KNOX SMITH, aged 58, died at a hospital in Texarkana December 28th from a fracture of the cervical vertebrae suffered in an automobile accident November 24th near Grannis. Born at Henderson, Baxter County, Dr. Smith taught school, then did newspaper work before studying medicine. The J. K. Smith Clinic at Texarkana in which he was associated with his son, Dr. W. D. Smith, was founded by him in 1926. He had been a member of both the Arkansas and Texas state medical societies, of the College of Surgeons, in which organization he was a member of the Fracture Committee, and of various Masonic bodies. He is survived by his wife, five sons and a brother.

JOSEPH GRIFFIN WALDROP, aged 63, died at his home in Hot Springs National Park, January 17th. Born in Coldwater, Mississippi in 1874, he graduated in medicine from Memphis Hospital Medical College in 1901 and had practiced in Hot Springs for many years. He was a member of the Garland County Medical Society and of the Masonic Lodge. Surviving relatives are a sister and a brother.

JOHN ALBERT BURNETT, aged 68, of Waldron, died October 6th, 1936, of uremia. A graduate of the College of Physicians and Surgeons of Little Rock in 1909, he had practiced at Waldron for many years. He was a member of the Scott County and of the Arkansas Medical Society and had previously been a member of the Oklahoma and the Texas state societies.

DAVIS EWING EVANS, aged 81 years, died at his home in Harrison January 10th. Born in Izard County, September 1, 1855, he attended public schools and Holy Cross Academy at La-Crosse and graduated at the University of Arkansas School of Medicine in 1896. He practiced at Mount Pleasant before moving to Harrison in 1909. A ruling elder in the Presbyterian church for more than sixty years, he had also served as moderator of the Synod of Arkansas for one term. In recent years he had been inactive in the practice of medicine. He was elected to honorary membership in the Arkansas Medical Society at the 1936 session. Miss Mary Elkins, to whom he was married in 1880, with a sister and four brothers survive.

JOHN RAINEY PARKER, aged 59, died at the Berryville Hospital January 12th. Born in Orange County, North Carolina, he graduated from the University College of Medicine in Richmond, Virginia, in 1901. For a number of years prior to his location in Eureka Springs, in 1928, he was chief surgeon at the Rainey Hospital in Burlington, N. C. Late in 1935 he moved to Berryville and took over direction of the Berryville Hospital. He had served as president and secretary of the Carroll County Medical Society and as an officer of the Ninth Councilor District Medical Society, and had been elected as delegate from the Carroll County Medical Society to the 1937 annual session of the Arkansas Medical Society. He was a member of the Methodist Church. During the World War he was a member of the army medical corps. Surviving are his wife and a son.



RANDOM THOUGHTS OF THE SECRETARY

December 17th. Meeting with the legislative committee, observing prior to the session, a parade of Little Rock physicians to the Rotary Club. Mindful of the fact that these good doctors can be of great value to the profession in such contacts, explaining the errors which abound in proposed schemes for regimentation of the medical man.

December 18th. Continuing a custom of now many years standing, present for the annual Christmas party of the Exchange Club, enduring in comparative silence the gibes which greet our attendance, realizing that we shall spend an hour in rare good fellowship, not to mention the enjoyment of more material pleasures. For our second festive gathering, we are a guest for an occasion originated by us in 1925 when officers and men of the medical detachment gather to celebrate its organization. The organization command having passed to another in the vicissitudes of army affairs, we are grateful to again be numbered among the active personnel, taking with due modesty, we hope, the many kind words which the enlisted men have to offer.

December 19th. About us this Saturday we feel a kindness of spirit which seems to have been lacking in the populace for the past several years. Smiles and cheer are ever present; times and conditions are no doubt better; yet Christmas ever brings a relaxation in the grind and most all find happiness not impossible.

December 24th. With no lack of enthusiasm for the food, we dine with Peggy's folks, a home-evening of much joy. Up and about until three A. M., fulfilling the part of Santa Claus in action as well as in general rotundity of physique, a physical attribute unfeelingly called to our attention at this season by a number of friends.

December 25th. To our great surprise, Bill Riley manifests no great desire to be up and about at five A. M., continuing his slumbers to the usual hour, a good start indeed for the day to fond parents. Breakfast and to

the tree, the delight of childhood reflected in the reactions of elders. So much so that we gaily engage in tinker toy construction and throwing rings over Jimmy Durante's nose. Visiting the Jones, the Holts and the Krocks, meeting on the way Amis, making a collection of "open houses." Observing the variations in mechanical aptitude of Jones and Krock, the former awed by an Erecto motor, the latter supplementing electric railroad equipment purchased by items of his own manufacture. At a late noonday meal, we forget our lesson of the past year and overindulge in turkey and trimmings, the abundant energy with which we started the day quieting with amazing speed, all due to food and not to age, we indeed trust. In a quiet period of contemplation, we review the day at its close, realizing that Christmas is not a day but a state of mind, a beneficent gift to mankind.

December 26th. A day observing new roller skates, bicycles and wagons, an occasional tie, but for us, a succession of candid camera shots, this being our gift, and the gratification of a secret desire for many a day.

December 31st. Our plans for speeding the parting year acquire a celerity with which, no doubt, old man 1936 steps forth on his way out. To the dance and on into 1937 on real heartiness of spirit.

January 1st. Checking over the year that is past with a firm resolve that the new one shall see us with at least minor improvements.

January 5th. The county secretaries, in none too encouraging numbers, confer at Little Rock. As the meeting goes along, we realize that we have with us the nucleus for a more compact, more efficient and more aggressive medical organization. With this thought we become more content, realizing that the enthusiasm which these good men shall take away with them will return itself many fold during the year of society activity that is ahead. Ward, of Lonoke, unable to attend, sends Beaty as his proxy, demonstrating that real interest in medical organization exists in this county. Cahal holds his audience in rapt attention as he recounts how and what a real county medical society can do for the physician. Pulaski County immediately arranges for a repeat talk in the evening so that their membership may personally receive the message. This talk we consider one of the most inspiring we have heard. The knowledge of the good it will do dispels our gloom over apparent lack of interest in the conference.

January 10th. In conference with the staff and officer personnel of the 206th Coast Artillery (A-a), seriously planning the offense of the Blue Army against the invading Red hordes in the vicinity of that perennial correspondence course battleground, Gettysburg.

January 13th. Participating in the second postgraduate study course, well attended despite decidedly unfavorable weather conditions. Hearing Alvarez discuss "Fox's disease," "Haines' disease" and "P. M. S.," these being the newer and less familiar terminology of well known symptom complexes. In session with the committee discussing future plans and away at 7:00 P. M., a constant rain, varying only in intensity, and further complicated by fog, Russellville to destination. As the miles roll on, we become increasingly thankful for a dependable motor vehicle and for tires which do not fail.

WOMAN'S AUXILIARY PAGE

MRS. H. E. MURRY, Publicity Secretary, Texarkana.

The Ladies' Auxiliary entertained the Ouachita County Medical Society at dinner at the home of Dr. and Mrs. R. B. Robins in Camden December 3rd.

The Womans Auxiliary to the Ninth Councillor District Medical Society met at Harrison December 1st in the main dining room of Seville Hotel.

The president-elect, Mrs. Loyd Jackson, of Harrison presided. Minutes of the previous meeting were read and approved. Roll call was answered by ten members, and three new members were added to the auxiliary. Mrs. Henry V. Kirby of Harrison, Mrs. Chas. Beebe and Mrs. Fred Youngblood, of Huntsville.

Officers for the year 1937 were elected as follows: President, Mrs. Loyd Jackson, Harrison; President-elect, Mrs. H. V. Kirby, Harrison; Secretary-treasurer, Mrs. D. K. McCurry, Green Forest.

The new president appointed representatives to sell Hygeia in the counties of the district. The auxiliary had as guest speaker of the day, State President, Mrs. J. T. McLain, of Gurdon, who gave a highly inspirational talk, which was greatly appreciated by all the members. Mrs. S. J. Wolferman of Fort Smith was a visitor at this meeting. The business meeting adjourned and the Harrison members of the Auxiliary, who were hostesses, presented the following program: Reading, Bettie Jewel Case; Tap Dance, Misses Mary Janet Wood, Joan Stewart and Joan Martin; Reading, Miss Helen Price; Butterfly Dance, Ruth Martin; Reading, Mrs. Loyd Jackson.

The hostesses then served tea to the following: Mesdames Loyd Jackson, D. L. Owens, D. E. Evans, E. Jackson, H. V. Kirby, J. G. Gladden and J. H. Fowler of Harrison; Mrs. J. Rainey Parker, Berryville; L. M. Weast and James Thompson, Yellville; Chas. Beebe and Fred Youngblood, Huntsville; Mrs. D. K. McCurry, Green Forest; Mrs. S. J. Wolferman, Fort Smith, and the guest of honor, Mrs. J. T. McLain, Gurdon.

The banquet for both the medical society and auxiliary members was served at 6:30 in Hotel Seville.

The next District meeting will be Tuesday, June 1st, at Hotel Seville, Harrison, Arkansas.

Mrs. D. K. McCurry
Secretary-Treasurer,
9th Councillor District Auxiliary.

Members of the Womans Auxiliary to the Pulaski County Medical Society held the December luncheon meeting at the home of Mrs. W. L. Sadler with Mrs. J. P. Runyan, Mrs. Clyde Rodgers and Mrs. M. B. Holmes assistant hostesses. Mrs. K. W. Kosgrove gave a report of the Southern Medical Auxiliary Convention recently held in Baltimore. Mrs. Harvey Shipp and Mrs. J. R. May were welcomed as new members of the Auxiliary. Members voted to cooperate with Senior High P. T. A. in the Big Sister Movement. After the business meeting Mrs. L. K. Fisher, accompanied by Henry W. Sanderson, sang "O, Little Town of Bethlehem," "Silent Night," and "I Love Life." Charles Smith played as piano numbers, "Whims" by Schumann and "Sonata" by Mozart.

Mrs. Charles G. Hinkle was hostess to the Independence County Medical Auxiliary recently when she entertained delightfully with a spaghetti supper at her home, preceding the regular monthly program. In the dining room, a silver and green color note was accentuated. A lace cloth adorned the serving table which was centered with a beautiful Christmas scene arranged on a reflector and surrounded with silver ivy. Tall green candles burned in silver holders at either end of the table. The supper was served buffet style.

Following the supper, a brief business session was held preceding the program. Mrs. O. L. Bone of Newark, vice-president, presided in the absence of the president, Mrs. Calvin A. Churchill.

Mrs. L. T. Evans, leader for the evening, presented an impressive Christmas program on the theme of "Christmas Then and Now." The program was opened with the reading of the story of the nativity from the Bible by Mrs. Victoria Saylor. Then as a contrast, Mrs. J. M. Hooper read an account typifying a visit to the Holy Land at the present time.

Mrs. Bone read the ancient poem "The Night Before Christmas," after which the modern poem, "The Boys Who Laughed at Santa Claus" was read by Mrs. Hinkle.

"The Lost Word," a story of Christmas long ago, was told by Mrs. Evans and Mrs. R. C. Dorr gave an account of the present day Christmas in the story "A Key to Christmas."

Fourteen members were present. Others than those mentioned were: Mesdames: O. J. T. Johnson, Frank A. Gray, T. N. Rodman, V. D. McAdams of Cord, Paul H. Jeffery of Bethesda, I. M. Huskey of Cave City, W. H. Estes of Sage, and T. C. Guthrie of Smithville.

The Auxiliary to the Sebastian County Medical Society at its January meeting at the Woman's Clubhouse voted to give subscriptions to the official magazine of the American Medical Association, "Hygeia," to the Girls' club and Carnegie library.

In the absence of the Hygeia chairman, Mrs. D. W. Goldstein, the auxiliary president, Mrs. S. J. Wolferman explained rules and regulations governing a hygeia contest. Money for the contest is to be contributed by Mrs. John O. McReynolds, Dallas, Texas, one of the past presidents of the Auxiliary to the American Medical Association.

Musical numbers of the program were vocal solos by Mrs. Troy McNeill who sang "Indian Love Call," by Rudolph Friml, and "The World Is Mine Tonight." Mrs. Dave O'Leary, pianist, played the accompaniments.

Present for the luncheon were Mrs. McNeill and Mrs. O'Leary, guests; and the following members: Mrs. Wolferman, Mrs. B. B. Bruce, of Alma, Mrs. Walter Eberle, Mrs. Arthur F. Hoge, Mrs. W. R. Brooksher, Jr., Mrs. F. H. Krock, Mrs. C. S. Holt, Mrs. Raymond Smith, Mrs. Everett C. Moulton, Mrs. J. C. Amis, Mrs. Thomas Price Foltz, Mrs. Rose and the hostesses for the day, Mrs. J. S. Southard and Mrs. I. F. Jones.

MRS. W. F. ROSE, Publicity Chairman.

The Woman's Auxiliary to the Garland County Medical Society met December 14th at the home of Mrs. John M. Proctor with Mrs. W. F. Porter as co-hostess. There were 26 in attendance. As a part of their Christmas charity work, members filled 49 stockings. Reports were made by Mrs. Paul Streit, secretary, and Mrs. L. E. King, treasurer. Mrs. W. K. Smith reported the placing of Hygeia in the rural schools of the county. Mrs. Charles Garratt told of the origin of the tuberculosis seal and Mrs. W. Gray read the life of Jane Todd Crawford. Mrs. H. King Wade reported the meeting of the Woman's Auxiliary to the Southern Medical Association. Mrs. Howell Brewer, accompanied by Mrs. Leon King, entertained with a lovely Christmas vocal number. At the conclusion of the meeting the hostesses served a dainty refreshment course. The spring meeting will be held Monday, February 15th, with a luncheon at the Arlington Hotel.

BOOK REVIEWS

Medical Clinics of North America. Issued serially, one number every other month. Volume 20, Number 2. St. Louis Number—September, 1936. Octavo of 350 pages with 24 illustrations. Per Clinic year July, 1936 to May, 1937. Paper, \$12.00; Cloth, \$16.00 net. Philadelphia and London. W. B. Saunders Company, 1936.

This volume of Medical Clinics of North America not unlike many previous ones is very readable and comprehensive. All subjects discussed are very impressive and well demonstrated by the means of interesting case histories. There is no waste reading or tiresome statistics, very few illustrations but sufficient for all subjects discussed.

Of special interest is the symposium on the endocrine system, this being one of the principal stumbling blocks of the general practitioner. The author has written this discussion in a much more simplified manner than we find in our standard text books. In the chapter on Hypothyroidism two symptoms are mentioned which are worthy of note: enuresis and constipation.

Dr. Joseph Larimore has an excellent chapter on peptic ulcer. He presents some interesting unusual case histories. Also he gives a thorough discussion upon the much mooted question, when medical treatment ends and surgical treatment becomes indicative.

The department of Pediatrics gives us some valuable information in regards to vomiting in the newborn, listing some thirteen causes and discussing each in regards to etiology and treatment.

This volume should be in the library or available to every internist.

Bright's Disease and Arterial Hypertension. By Willard J. Stone, B.Sc., M. D., F. A. C. P., Clinical Professor of Medicine, School of Medicine, University of Southern California, Los Angeles; Attending Physician to the Pasadena Hospital, Pasadena, Calif. 352 pages with 31 illustrations. Philadelphia and London. W. B. Saunders Company, 1936. Cloth, \$5.00 net.

The author has attempted, and very ably executed a review built upon his own notes in the course and progress of patients with Bright's disease. His own classification, evolved from the hodge-podge of those previously presented in literature, possesses the merit of supporting a viewpoint that is a sensible, happy medium between the extremes of elaborate morbid anatomy and the unduly simple clinical classifications.

Before each of the several disease groups is discussed from the standpoint of diagnosis and treatment, there are twelve chapters dealing thoroughly, but briefly, with fundamental physiological concepts such as water balance, edema, acidosis, alkalosis, etc.

The author is to be particularly commended for his inclusion of an interesting chapter on "Historical Sequences," a subject which sorely enough is mistakenly relegated to an obscure nook and cranny in the minds of most clinicians.

The book may be read with profit not only by general practitioners who wish to acquaint themselves with the clinical application of recent advances in the study of kidney physiology, but also by internists, including those who still tend to stress altered obstruction at the expense of functional derangement in Bright's disease.

Abortion, Spontaneous and Induced. By Frederick J. Taussig, M. D., Professor of Clinical Obstetrics and Clinical Gynecology, Washington University School of Medicine, Saint Louis. Price \$7.50. Saint Louis: C. V. Mosby Company, 1936.

The etiology, diagnosis, pathology, complications, sequelae and treatment are discussed in authoritative detail. Preventive measures and the matter of sterilization occupy special chapters. A valuable feature is the compilation of the statutes of the various states as they relate to this problem. A considerable amount of the information which this volume contains is not elsewhere available. Practitioners will find this a most instructive as well as a comprehensive reference text.

Urological Roentgenology: A Manual for Students and Practitioners. By Miley B. Wesson, M. D., Ex-President, American Urological Association, and Howard E. Ruggles, Roentgenologist to University of California Hospital and Saint Luke's Hospital, Clinical Professor of Roentgenology, University of California Medical School. Pp. 269. 227 illustrations. Price \$5.00. Philadelphia: Lea and Febiger, 1936.

This book has been made possible by the co-operation of the members of the American Urological Association who have, over a period of years, submitted their unusual case with histories and roentgenograms to the authors. The book is the result of thirteen years work. The roentgenograms have been confirmed by clinical, operative or necropsy findings. Naturally, a most interesting collection of roentgen-ray studies are included. This is, indeed, a useful volume; it emphasizes diagnosis in urology and details the methods, indications and contra-indications of the roentgenological study of the urinary tract.

Practical X-Ray Treatment. By Arthur W. Erskine, M. D., Roentgenologist to St. Luke's Methodist Hospital and Mercy Hospital, Cedar Rapids, Iowa; Past-president Radiological Society of North America; Member of the Committee on Standardization of X-ray Measurements, etc. Pp. 156. Second Edition. Illustrated. Price \$3.50. Minneapolis: Bruce Publishing Company, 1936.

This is a revised and enlarged edition of this deservedly popular text. It is exactly what it intends to be: a practical, usable guide for the roentgen therapist who is interested in maximum results from a minimum of equipment. The author advocates four technics, discusses these in detail as to clinical application and radiation effect, and gives essential data for the associated medical management of the patient. For practicability and usability, this volume is not equalled.

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COMPULSORY HEALTH INSURANCE*

GEO. B. FLETCHER, M. D.
Hot Springs National Park

There is so much to say on this subject that I find it most difficult to know where to begin and where to stop. For several months the literature on the subject has been increasing in volume and has now reached to point where it takes much reading to keep up with what so many have to say on the question. To me, however, this indicates that the medical profession is awakening to the importance of knowing enough to talk intelligently when the matter comes under discussion.

Arkansas is just one of the forty-eight states but it happens to be our state and we must not be found wanting when it comes to guarding against any legislation which will prove detrimental to the profession, therefore, as you secretaries are the mouth-pieces of your respective societies I feel that a message through you will bear fruit. It is my suggestion that each of you see that one or more meetings are set aside for the discussion of this subject and have several members prepare papers for this meeting and invite general discussion and questions and answers.

The first impression of the layman would be one of approval to this plan and we could expect nothing else unless we have taken the time to explain just what it amounts to.

One situation causing dissatisfaction among the laity and tending to at least suggest, in their minds, that socialized medicine is the thing; is the frequently unnecessary cost of medical care—last experience may have left an unpleasant taste in their mouths and naturally they wish to prevent a recurrence of such an experience.

There is a tendency, especially in the younger members of the profession, to minimize the value of careful history taking, observation and exami-

nation but, on the other hand, to be so trained that they must have a host of laboratory information before they can come to a conclusion on a relatively simple case of illness. Now do not think for one moment that I do not realize the value of the laboratory, but I can see no reason for the routine laboratory work which can be dispensed with and for which the patient has to pay. Do not think for one moment that people are not becoming wise to the fact that they are paying for 'doo dads' which are probably not needed.

People still like the idea of the old family doctor and we cannot blame them, but we can see why they will resent being sent to a hospital on the slightest provocation and there finding that the \$35 a week or more has had tacked to it a "routine" urinalysis and blood count and in some instances a Wassermann, just a little velvet in most cases.

Twenty-eight foreign countries now have compulsory health insurance in one form or another but the only thing we have previously achieved by imitating Europe are the World War and the English Sparrow. The only difference between socialism and socialization is in the spelling.

In our opinion the individual patient should have the right to choose his doctor and, on the other hand, the doctor should be allowed to treat his patient without being required to go through the endless, time-consuming filling out of reports thereby losing the most valuable contact between doctor and patient, namely, the personal touch.

When a doctor's income is in doubt and depends upon his efforts he will spend more time and do better work than when he is on a fixed fee or salary basis and is compelled to see many patients in a limited time. The incentive to build up a good practice becomes secondary when it should be a primary consideration.

Sir James Purves Stewart, in a report on conditions in Soviet Russia, states that 75 per cent of the medical students are women because of

* Read before the Second Annual Conference of County Medical Society Secretaries in Arkansas, Little Rock, January 5, 1937.

the fact that the income of the doctor is limited by law to about 1,000 rubles a month, whereas an engineer may keep whatever he can earn. Can you blame a young man for going into something where his earning capacity is not limited by law?

The panel practice in England has come in for much comment for several reasons: first, a doctor's fees are fixed and his panel is limited; second, he cannot give good service to his patients for the amount allowed and must work rapidly to complete his day's work rather than take the proper amount of time for the individual patient and, thirdly, he must send a very sick patient to a hospital thereby losing contact with the patient and losing valuable experience in the handling of other than routine office patients. Then this insurance service is always second class because the better practitioners will not apply. In only six of the nineteen countries having national insurance are the doctors satisfied.

Every conscientious physician sees in state medicine a vicious forging of an endless chain to keep medicine in bondage, stifle medical progress and to enslave the physician so that his faculties for research atrophy and die. With such a prospect in view how many of our sons would elect our profession as a life work?

Such insurance administration is controlled by cash considerations; quantity rather than quality of medical service is stressed. The essentials of a good diagnosis are time, patience, careful attention to details and sympathetic relation between a skilled practitioner and a cooperating patient but insurance compels haste and tends to create antagonism between patient and physician. You have only to recall your patients who are depending upon you to collect from an insurance company to realize what I mean. All of you have made enemies by refusing to misrepresent facts on an insurance report.

Can you imagine the practice of medicine being governed by laymen? Well that is just about what this proposal amounts to.

The task now confronting the members of our profession is to prove themselves to the American people and to demonstrate to the people that no scheme of state medicine can take the place of private practice. To do this we must re-affirm certain ideals and prove to the people that we are living up to them. The chief and most important of these ideals is, that the health

and well-being of the public is the paramount business of medicine. We must make this our chief concern.

Medicine has been on trial for a number of years and is still on trial, so it is up to you gentlemen to do your part for your profession. I hope that each of you will return home with the resolution to see that your society does its part in the dissemination of knowledge to your neighbors through the members of your society.

PROPOSED AMENDMENTS TO THE CONSTITUTION

At the 1936 session of the Society held in Hot Springs National Park, the following amendments to the Constitution were proposed. In accordance with the Constitution they are printed in The Journal for the information of the membership.

Proposed Amendment to Article IV, Section 2, of Constitution:

"Section 2. Active Membership. The active membership of this Society shall comprise all the active members of its component societies. Only such a person is eligible for active membership in a component society as (1) possesses the degree of Doctor of Medicine, issued by a medical college which at the time such degree was conferred was approved by the Council on Medical Education and Hospitals of the American Medical Association, and (2) holds also an unrevoked license to practice medicine and surgery issued by that board of medical examiners which consists of members recommended by this Society. The eligibility requirements set forth in the preceding sentences are not to apply, however, to members in good standing on any component society at the time of the adoption of this section."

Proposed Amendment to Chapter IX, Section 5, By-Laws:

"Section 5. Each county society shall judge of the qualifications of its own members; but, as such societies are the only portals to this Society and to the American Medical Association, every reputable physician who possesses the eligibility qualifications for membership required by Article IV, Section 2, of the Constitution of this Society, and who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this Society, and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this Society. Any member of this Society who shall hereafter violate any of the provisions hereof shall be expelled from the Society. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member."

NOTES ON SOME OF THE BLOOD DYSCRASIAS*

O. C. MELSON, M. D.

Little Rock

Etymologically, the term dyscrasia is exceedingly broad in its interpretation as applied to diseases of the blood. Custom, however, has limited its use to those conditions in which the blood has been considered the fundamental disorder. Theoretically, the term could be correctly used in speaking of any disproportion in the elements or materials in the blood, or it might be correctly applied to the resultant general state of the body produced by any such disproportion. Again, usage has decreed that the disproportion should be of the elements of the blood, and further that these elements should be cellular structures of the blood stream. Therefore, in speaking of a blood dyscrasia, it is generally assumed that a morbid bodily state due to a disproportion of the cellular elements of the blood is meant. Thus the term embraces the anemias, polycythemias, the leukemias and leukopenias, certain purpuras, splenic anemia, and perhaps, Hodgkins disease.

Glancing at this list reveals one outstanding fact. The curability of blood diseases is at a low ebb. With the exception of the anemias, that all blood diseases are fatal may be taken as an aphorism. Granted that the medical profession is bound by precept to assist in the cure and rehabilitation of the patient, still there is personal satisfaction and mental stimulation for the physician who makes a correct diagnosis. It is along the line of differential diagnosis that I wish to present this subject of blood dyscrasias.

In the first place, there are certain important symptoms and signs which are essentially common to all diseases of the blood, and are due to the associated anemia. They are pallor, weakness, dyspnea, fatigability, palpitation, vertigo, syncope, and edema of the ankles. The degree to which these symptoms and signs manifest themselves depends largely on the severity of the anemia. It should be remembered that all pale individuals are not anemic. Thickness of the skin and the distribution of the surface capillaries influence to some extent the degree of pallor. In these days of painted cheeks, lips, finger-nails and toe-nails, it is sometimes difficult to observe pallor. Inspection of the con-

junctiva, the lobes of the ears, and the mucous membranes of the mouth will usually give the necessary information. Weakness and fatigability are the most constant symptoms, and closely associated with them are palpitation and dyspnea. They are produced through the inability of the cardio-respiratory system to deliver sufficient oxygen to the tissues during exertion.

Of the anemias, chronic secondary anemia is the most common, and can usually be traced to some known cause. They are particularly common in this section of the country as was emphasized by Musser several years ago. The importance in discovering this type of anemia is not so much for the anemia itself as for the underlying cause. Particular mention should be made of bleeding hemorrhoids and gastrointestinal malignancy as etiological factors in this type of anemia. So frequently bleeding from the rectum seems too trivial to be mentioned by the patient, but a bleeding point may be found on examination. The symptoms of anemia are often well developed in the patient with gastric malignancy before any localizing signs appear, and in such a patient, a thorough investigation of the gastrointestinal tract is indicated. Intestinal parasites should also be kept in mind as a cause of anemia. Any chronic infection such as tuberculosis, lung abscess, arthritis, liver abscess, or osteomyelitis produces a chronic secondary anemia. In myxedema, anemia is not infrequently a prominent symptom, as also it is in chronic parenchymatous nephritis. Since our knowledge of dietetics has been extended through the studies of the vitamins, it has been shown that lack of essential vitamins produces a marked secondary anemia. Lastly, the possibility of such metals as lead and mercury causing an anemia should be kept in mind.

Proof of the presence of an anemia or any other blood disease rests ultimately on the study of the cells. Clinically, we can be reasonably sure, but to be absolutely satisfied, we must examine the blood. In chronic secondary anemia, the red blood cells are smaller than normal, contain less hemoglobin, and are usually reduced in number. The leucocytes and platelets may be unchanged.

When individuals sustain a sudden loss of blood in sufficient quantity, other clinical signs and symptoms are manifest, in addition to those usually indicating anemia. These are principally tachycardia, sweating, hypotension, and subnor-

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

mal temperature. Here again, the underlying cause of the hemorrhage is the chief concern. Trauma, peptic ulcer, ruptured ectopic pregnancy are among the most frequent causative factors. In investigating any hemorrhagic condition of the gastrointestinal tract, I think it well to wait until after the acute hemorrhage has subsided, but sometimes these resolve themselves into surgical emergencies. The blood examination reveals first a leucocytosis and an increase in the platelet count. The erythrocyte count and the hemoglobin estimation may not give accurate information because of an increase in the concentration of the blood. Later, however, as the volume is restored, the red cell count is diminished and the hemoglobin likewise. In unusually severe cases, immature red cells are also present in the blood smears.

Since the work of Minot and Murphy on primary pernicious anemia, much of the perniciousness of this disease has been eliminated. It may be even said that under adequate treatment, it can be entirely controlled. Clinically, there are a few additional symptoms to those of an ordinary anemia which are characteristic. These are referable to the gastrointestinal and the nervous systems. Anorexia, nausea, vomiting, diarrhea, and recurrent glossitis are the chief symptoms in the gastrointestinal tract. Numbness of the extremities, ataxia, spasticity of the muscles of the lower extremities, and paralysis of the sphincter of the bladder are the most frequently encountered nervous symptoms. Fever is not an unusual symptom in pernicious anemia, and may be a most prominent one. Loss of weight is negligible as a rule, and sometimes assists materially in giving a clue to the diagnosis. In any case with severe anemia which does not exhibit a definite weight loss commensurate with the anemia, three conditions should be kept in mind. They are pernicious anemia, myxedema, and chronic nephritis. It should be noted that pernicious anemia exhibits crises and remissions, and that a patient may appear clinically well and show a normal blood count at times. There is one other clinical sign which is often an invaluable aid in the diagnosis. That is the peculiar lemon tint of the skin and sclerae.

In the laboratory, the stained smear is found to contain many large red cells filled with hemoglobin, some small red cells, some irregularly shaped red cells, and invariably immature red cells of varying sizes containing pyknotic nuclei.

By means of special staining methods, reticulocytes can be demonstrated, and this affords a valuable aid in following the course of the disease. As the response to treatment obtains, there is a raise in the reticulocytes in proportion to the severity of the initial anemia. This response on the part of the reticulocytes may be of diagnostic aid in questionable cases. Besides, the blood picture, a persistent achlorhydria as demonstrated by gastric analysis and an increase in the bilirubin of the blood as shown by either the icterus index or the van den Bergh estimation are important links in the laboratory diagnosis of pernicious anemia.

Sometimes it is necessary to differentiate the anemia of sprue from pernicious anemia. This is not always a simple task, and may even require a therapeutic test. There are three differentiating points. In sprue, emaciation is pronounced, there are no nervous involvements, and the bilirubin content of the blood is not altered. Infestation with the fish tapeworm may also give a similar blood picture to pernicious anemia. This possibility can be eliminated by examination of the stools. Pregnancy sometimes produces an anemia which must be differentiated from pernicious anemia. It differs clinically by the absence of the glossitis and neurological changes.

Some of the hemolytic anemias present real problems in differential diagnosis. The chief of these is chronic hemolytic icterus. There are two forms of this disease, the congenital and the acquired. In the former several cases may occur in the same family. The acquired form occurs in conjunction with various infections, syphilis, malaria, following transfusion, and pregnancy. The anemia is not severe as a rule. There are two points to be emphasized. The first is that the red cells exhibit an increased fragility when mixed with hypotonic salt solution. The second is that many of the cases are associated with gall stones. This is especially important because crises occur in the disease which may simulate an attack of biliary colic or the crisis may be associated with a true biliary colic. The anemia during a crisis is more severe than one would expect during a biliary colic. The presence of an enlarged spleen and the reaction of the blood cells to hypotonic salt solution will help to clear the diagnosis.

When viewing a patient with purpura for the first time, two questions must be answered. The

first, "Is this an idiopathic or secondary purpura?", and the second is, "Is this a thrombocytopenic purpura or a non-thrombocytopenic purpura." If such factors as snake bite, scurvy, aplastic anemia, benzol poisoning, excessive irradiation and various chronic diseases associated with cachexia can be excluded as possible causes then one may assume that the disease is primary. One of the best and simplest means of answering the second question is by the tourniquet test. If it is positive, then the purpura is due to a decrease in the platelets. This can be verified in the laboratory. There are other laboratory procedures which help in the differentiation, namely, the estimation of the bleeding time and observation of the clot formation. The bleeding time is delayed and the clot does not retract when the platelets are decreased.

Like many other diseases, purpura occurs in cycles. The petechiae and ecchymoses may be absent from the skin, but still present in the mucous membranes of the mouth and the gastrointestinal tract and the upper respiratory passages. For this reason, it is well to keep in mind purpura when confronted with a case of bleeding from the gums, the nose, or rectum. In women, the genital tract is a common site for the origin of hemorrhages in purpura. It is noteworthy that pulmonary hemorrhage is rare in purpura.

Even in those blood diseases affecting chiefly the white blood cells, the symptomatology is referable to the associated anemia. For example, the earliest symptoms in chronic myelogenous and lymphatic leukemia are weakness, pallor, palpitation, and dyspnea. While the differentiation between the two conditions is made principally by examination of the blood smears, there are some clinical observations which may aid the diagnostician. In myelogenous leukemia the spleen is commonly enlarged so that it may fill the left half of the abdomen or even encroach on the right. The spleen rarely attains such a size in the lymphatic type. On the other hand, there is a generalized adenopathy in lymphatic leukemia which is absent in the myelogenous form. The basal metabolic rate is elevated in the myelogenous leukemia as evidenced not only by laboratory determination but by increased tolerance of cold, perspiration, tachycardia, and loss of weight. In the laboratory a preponderance of granulocytic cells are found in the myelogenous leukemia, while the lymphocytes predominate in the lymphatic leukemia.

The acute forms of these two diseases are often difficult to separate. Anemia develops very rapidly and this with the other symptoms of an acute infectious process should awake the clinician to the possibility of an acute leukemia and prompt a blood examination. This shows an unexpectedly lower count than in the chronic forms, and the differentiation of the cells is much more immature. One of the most difficult and, at the same time, the most important differential diagnosis to make, is that between acute lymphatic leukemia and infectious mononucleosis. Inasmuch as the termination of one is favorable and the other unfavorable, it is well to make haste slowly. Repeated observations of both the patient and the blood offers the best means of avoiding error.

Due to the many reports in the recent literature, a granulocytic angina needs small mention here. The diagnosis should be suspected in any patient acutely ill with an associated ulcerative lesion of the mucous membrane of the mouth, throat, rectum, or vagina. It should not be confused with the leukopenia of overwhelming infections. There is still some controversy as to whether it is a genuine clinical entity; some regarding the condition as a syndrome. However that may be, whenever one finds a patient suffering from the symptoms of a granulocytic angina and the laboratory confirms his suspicions, he realizes how futile the best of efforts may be.

In spite of the high percentage of mortality in diseases of the blood, our zeal for making an accurate diagnosis should not be allowed to diminish. Our knowledge of the etiology of many of the blood dyscrasias is still very meager, but increasing all the time. If we allow ourselves to get into slovenly habits of diagnosis, we may find ourselves incapable of applying new methods of treatment intelligently and efficiently.

With a medical profession such as we have now, with the standard of living such as is now available for the vast majority of the American people, with a government ready to assume responsibility for the care of the indigent sick, the determination of the kind of medical service they want should be left to the people of the country and to the medical profession, the only group qualified by training, by experience and law to say how medicine should be practiced.—Morris Fishbein, M. D.

SEX AND THE ENDOCRINES*

ISAAC G. JONÉS, M. D.

DcQueen

In discussing my subject "Sex and the Endocrines," I wish to present briefly only two phases or approaches:

1. The effect of endocrine secretions on normal and abnormal growth of the body.
2. The correlation of physical characteristics with sexual capacity in the female.

Growth is the most fundamental of all biological processes, as well as the most mysterious. It is greatest in early fetal life when an ovum fertilized by a spermatozoon develops within a few months into a ten-pound human infant or a five ton baby whale. Growth continues with diminishing rapidity through childhood to adolescence when another period of acceleration occurs only to subside upon arrival at maturity, or the adult state. Although growth ceases in adult life most of the individual cells of the body retain their capacity for division and growth, otherwise repair would be impossible. Intra-uterine conditions are not necessary for rapid growth as has been pointed out by Wetzel¹ who calls attention to the fact that a pre-mature infant of 1000 Gm. may double its weight within a few weeks and catch up with or even surpass an infant of normal birth weight.

The factors stimulating and governing growth are numerous, complex, and far from being fully understood at the present time. Among the more important and better known ones are: (1) An unidentified tissue extract that seems to be inherent in all embryonic tissue, (2) Thyroxin, (3) Anterior pituitary growth hormone, (4) Food elements and vitamins, and (5) A factor mentioned by Boyd² "that obscure and elusive principle which for want of a better name may be called the 'vital spark,' that intangible something which enables living matter to dip down into the dead stuff of the inorganic world and build it up into its own vital protoplasm—and accomplish the almost incredible act of self reproduction."

From the endocrine standpoint the most important factor is the growth hormone of the pituitary. The dwarfism resulting from hypophysectomy in young, immature animals is common knowledge as is the effect of transplants and injection of extract of anterior pituitary.

The hormone produced by the acidophil cells of the anterior pituitary is the proven regulator of skeletal growth. Smith³ reports a definite hereditary dwarfism in a strain of mice showing no acidophil cells in their pituitary glands. Three types of hypopituitary dwarfism have been classified and extensively studied. In the Frohlich type growth is seriously interfered with but adiposity and sexual dystrophy are the outstanding characteristics. In the Lorain type the individual is dwarfed both in stature and sex while normal in other respects, while in the Simmonds type there is an additional feature, usually referred to as "pituitary old age." Berman⁴ reports satisfactory results following treatment of 24 cases of malnutrition with 1 cc. doses of a standardized anterior pituitary extract containing the growth hormone. The author believed it possible that certain cases of malnutrition might be due to a lack of this hormone. Emaciation is one of the characteristic signs of destructive disease of the anterior lobe of the pituitary gland (Simmond's disease).

The average gain in weight was 32 pounds after treatment over a period of three to six months. Each patient experienced a corresponding diminution in fatigue and an improvement in asthenic condition. The author concludes that there may be a type of malnutrition in children, adolescents, or adults which is dependent upon a relative insufficiency of growth hormone.

The effects of the pituitary growth hormone is exerted not so much on the individual tissues and organs as upon the body as a whole, producing an harmonious growth development of all. Probably the most characteristic and noticeable effect is upon the long bones which begin rapid growth with approaching puberty. In those cases in which puberty is delayed there is usually a decided increase in the length of the long bones producing the characteristics of gigantism, or the short bodied, long-legged individual, the so-called eunuchoid type.

In another type individual in which there has occurred an early puberty either because of early increased secretion of the adrenal cortex and a stimulation of the gonadotropic elements of the anterior pituitary or because of early hypersecretion of the pineal, and consequent inhibition of pituitary growth secretion, the body retains more of the infantile characteristics of long body and short limbs. Paul Engle⁵ says that investigations on the effect of the pineal

* Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

gland on growth have shown that growth was inhibited in the majority of cases. From the author's tests it followed that pituitary growth was inhibited by the pineal gland. The extract of one or two human pineal glands was capable of counteracting the growth effect contained in 2 gm. of cattle pituitary. It appears that the restrictions of growth by the pineal gland depends upon interference with the pituitary growth hormone. This type I prefer, at present, to call the adrenal type because the most extreme cases of this type are seen in those individuals having a tumor of the adrenal. However, late work by Del Castillo, Leloir, and Novelli⁹ reveals that adrenal cortex extract (0.5 cc. from 15 gm. of fresh glands of cattle given daily for 20 days) did not change the weight of the structure of the testes, ovaries, adrenals or pituitary of rats, nor did it change the adrenalin content of the adrenal glands or the stimulative influence of the pituitary on the sex glands and thyroid gland. Only the formation of muscle glycogen was slightly effected. Further study may require that these cases be called "pineal type" rather than "adrenal."

Of more interest are the variations between these extreme physical types which can be found in from 70 to 80 per cent of women and is shown by the difference in measurement from the pubic bone to the level of the head and from the pubic bone to the sole of the feet. Engelbach refers to these measurements as "upper" and "lower." I prefer to refer to them as "key measurements" as these measurements are truly the "key" to the endocrine activity of the formative period and never change after maturity.

Measurements of 200 women made by the writer on unselected routine office cases showed the following proportions, using the measurement up and down from the upper edge of the pubic bone:

Upper and lower measurements equal.....	33%
Upper measurements greater.....	19%
Lower measurements greater.....	48%

It would seem that approximately one-half of the women of this section have some hyper-secretion of the growth hormone of the pituitary before maturity. Another series of 100 women measured in the medical wards of a New Orleans hospital showed a considerable increase in longer upper measurements:

Upper and lower measurements equal.....	30%
Upper measurement greater.....	34%
Lower measurement greater.....	36%

In another series of 100 women in the obstetrical wards of the same hospital the proportion was decidedly different:

Upper and lower measurements equal.....	22%
Upper measurement greater.....	64%
Lower measurement greater.....	14%

This shows that a far greater proportion of women having babies in this hospital at that time have longer upper measurements, i. e., the early maturing types. Further comment will be made on this observation later in this paper.

From the standpoint of therapeutics it is well to remember that there are great possibilities, theoretic, at least, in the use of the growth hormone of the anterior pituitary which is obtainable in fairly pure form as Antuitrin G. No harmful effects have been reported and benefits reported in a number of conditions indicating a hypo-secretion of the pituitary growth hormone.

So much laboratory experimental data has appeared and is appearing in the literature that any resume would be out of date by the time it was read or printed. As far back as 1849, Berthold had shown that the secondary sex changes following castration in fowls could be prevented by testicular implants. He anticipated by some fifty years similar experiments of Knauer upon the gonads of the female. Very few other observations were made until Brown-Sequard claimed a rejuvenating effect for testicular extracts. While it is an interesting story to trace the gradual development of our knowledge to the present time it would lead us too far afield. Hence, I will confine myself to some personal observations and deductions.

In my study of the variations of the secretions of the endocrines as applied to women especially, it was very apparent that each individual possessed some outstanding characteristic as a result of even mild hyper- or hypoactivity of one or more glands. From an endocrine standpoint each individual woman, having started life with her own endocrine inheritance and pursuing it under her own environment, arrives at maturity a very complicated product, so complicated, in fact, that no two have ever been, nor will ever be exactly the same. There are, however, certain distinct characteristics, due to the same hormonal or environmental factors, which produce certain similarities by which definite types of individuals may be recognized and classified. These physical types are chiefly the result of endocrine influences. Classifying individuals, especially women, from this endocrine standpoint, we must consider height, weight, bodily proportions, obes-

ity, size of breasts, body and limb measurements, menstrual characteristics, and general health. Early in my analysis of sex histories I perceived that women varied a great deal in their sexuality. One woman would have a satisfactory sex life while another would have an unsatisfactory, or no sex life whatever. The question then occurred to me whether or not there was any correlation between the physical type of a woman and her sexuality. Space and time in this paper does not permit of any detailed discussion of case histories. For the sake of brevity my observations will be given and my conclusions stated for what they may be worth. The following eight physical types of women are offered as an imperfect endocrine classification. All women may be classified in this way according to the evidence of the greater or less activity of the several glands affecting the body shape, size, and contour:

1. Hyper-adrenal type.
2. Hypo-adrenal type.
3. Hyper-ovarian type.
4. Hypo-ovarian type.
5. Hyper-pituitary type.
6. Hypo-pituitary type.
7. Hyper-thyroid type.
8. Hypo-thyroid type.

Analysis of 150 complete sexual histories over a period of from one to ten years revealed that the outstanding difference in the sexuality of women was that some women could and did accomplish multiple orgasms during a normal coitus whereas others achieved none, or at best, one orgasm in a given time. Hamilton, of New York, in a recent study of several hundred married women, all college graduates, found that only 54 per cent could accomplish even one orgasm after from three to ten years of married life. For the purpose of comparison I considered this factor on the basis of one hour elapsed time as the usual limit of a normal coitus. To my surprise in each type there was a definite limit to the number of orgasms possible in the given time, which evidently corresponds to the period of sustained sensitivity of the sensory nerve endings of the vulva and the response of the sexual center of the central nervous system. Further comparison and investigation revealed a close correlation between the physical type and the number of orgasms possible within a unit time. This observation has enabled me to classify women into four sexual classes, viz: *

1. Lowly sexed.
2. Medium sexed.
3. Highly sexed.
4. Super sexed.

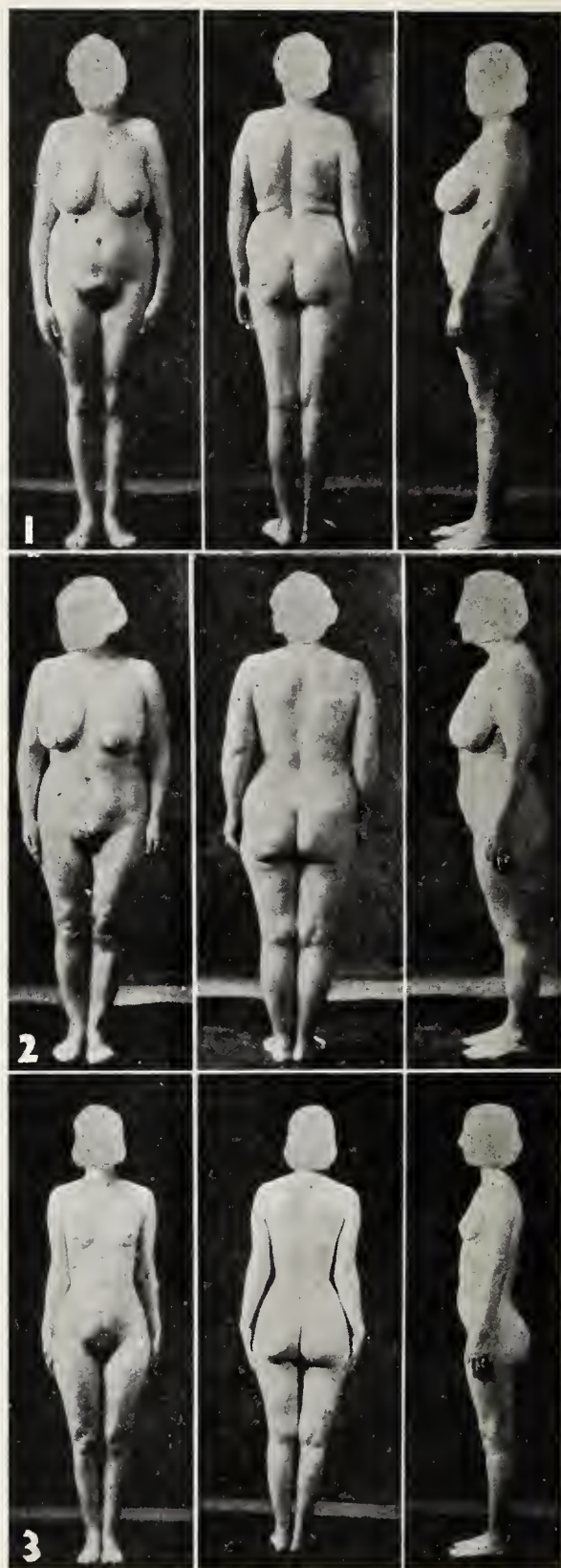


FIG. 1—Low sex type: Height, 68 inches; Upper, 30 inches; Lower, 38 inches.

FIG. 2—Medium sex type: Height, 66 inches; Upper, 33 inches; Lower, 33 inches.

FIG. 3—High sex type: Height, 63 inches; Upper, 33 inches; Lower, 30 inches.

In studying the first, or lowly sexed class of women, I find that the most prominent physical characteristics is what Englebach calls the short

upper, and long lower, measurements. In other words, the distance from the pubic bone to the level of the top of the head is less than the distance from the pubic bone to the sole of the foot. In average, normal individuals the pubic bone is the mid-point in the length of the body. This measurement is what I usually refer to as the "key measurement" of the body. As the upper measurement exceeds the lower measurement, so does the sexual capacity increase. Likewise, as the lower measurement exceeds the upper, so does the sexual capacity decrease. Speaking in general terms, then, this lowly sexed class is composed principally of the short-waisted, long-legged women. These women may be slender, or stout, depending upon the degree of activity of certain endocrine glands as thyroid, ovaries, and pituitary. The usual capacity of this class of women is from none to three orgasms during a normal coitus lasting not longer than one hour. In a high proportion of these women one orgasm is the limit because of the immediate fatigue of the sensory nerves whereby sensation produced by friction become unpleasant or painful. So far in my histories I have not found an individual woman with longer lower measurements who could exceed the above mentioned limit of three orgasms per hour. Why this is true, I am not physiologist enough to explain. It is an observation I would like to have explained scientifically.

In the second, or medium sexed class, we find the two parts of the key measurement (upper and lower) equal. This class, in my opinion, is the true, average, normal class, the intermediate pattern between the extremes of low and high. These women are usually well-proportioned, strong, and vigorous. In this class also we find cases that vary from extreme slenderness to extreme obesity, and all the intermediate conditions, depending again on the present activity of the thyroid, ovaries, and pituitary. As these characteristics vary, so does the sexual capacity vary within the limits of this class. The sexual capacity of this class is usually from one to six orgasms during a normal coitus. This does not mean that every woman of this class accomplishes that number of orgasms at every coitus. It simply means that their usual capacity, or ability, under normal conditions and after establishment of marital compatibility is from one to six orgasms. I have case histories of numbers of this class of women who have never experienced even one orgasm due to some incom-

patibility, mental inhibition, lack of sexual knowledge, or faulty technique. However, with these obstacles corrected they very soon find themselves, establish their capacity, and live a happy, normal, and satisfactory sex life.

I have seen women of this medium class gradually lose their ability and their capacity become reduced by the gradual accumulation of body fat, until they could be classed only as lowly sexed, from the standpoint of number of orgasms possible. While their key measurements do not change, yet their capacity in every case is lowered by increasing obesity, even though it may remain within her class limits. Obesity is undoubtedly the greatest handicap to normal sex, in either man or woman. The following is quite typical of this kind of case. Case (33-46) age 36, height 66 inches; upper measurement, 33; lower measurement, 33; medium sized breasts and buttocks, hips slightly wider than shoulders. She was a virgin, weighing 126 pounds when married at age of 20. First orgasm within one month after marriage. By the end of one year she could accomplish from three to five orgasms at each coitus, but preferred only three on account of physical fatigue usually resulting from the higher number. Between the ages of 22 and 36 she had three children. At 32 she began to gradually gain weight, and reached the weight of 170 pounds. During the past two years she has had considerable difficulty in accomplishing even one orgasm. Her desire is changed in no way, but her capacity is quite definitely decreased. She consulted me because of this fact which she could not explain. After a few months of rigid diet and exercise, she reduced her weight to 140 pounds, and her capacity increased, until it is not difficult now for her to accomplish two orgasms, and at times, three.

The third, or highly-sexed class of women, includes those whose upper measurements exceed the lower. These women are usually inclined to be slender, but have relatively broad hips, narrow shoulders, shapely legs, prominent buttocks, and very small breasts. They are truly the "elect" among the daughters of Eve. Given half a chance they establish compatibility early in marriage and very soon realize their high sexual capacity. The usual capacity of this class of women is from one to ten, twelve, or even more orgasms during a normal coitus. Case (26-422) is a perfect example of this class. Height, 65 inches; upper measurement, 34 inches; lower measurement, 31 inches; weight, 120

pounds. Reared in a very prudish, religious environment. Highly emotional and almost hysterical at times. No sex instruction before marriage at nineteen. After one year of married life, there was separation and divorce without having established even a semblance of compatibility, but after pregnancy had occurred. She had no conception of the nature, or even the possibility, of orgasm. Two years after the birth of the child she became engaged to another man who learned of her distressing mental state and improper ideas of sex. She considered sex as a vile means toward a noble end, the bearing of children. At the suggestion of the fiance, she came to me for sex instruction and correction of excessive menstruation. It required several months to eradicate her misconception, inhibitions, and taboos regarding sex, and to control the excessive menstruation which is quite common on this class of woman. Marriage occurred some months later and at my request this couple has furnished me with complete reports of their progress. At the third coitus after marriage she achieved one orgasm, the first in her life. At the next, two orgasms. Within a month she had been able to accomplish as many as ten orgasms during one coitus. Another report from this happy couple, some two years later, stated that on the return of the husband after one's month's absence on a business trip the wife accomplished forty orgasms during five acts of coitus occurring within 36 hours. During the second coitus, lasting two hours, she experienced 24 complete orgasms. Since her fortunate second marriage she has lost all her inhibitions, misconceptions, and complexes. She is now calm, contented, and happy. She is not the "sexy" woman the average person would expect to find, but she is quiet, demure, and unobtrusive. On meeting her one would hardly suspect, from her conversation or actions, her high sexual capacity.

The fourth, or super-sexed class of women, is something of an enigma. In reality they have all the physical characteristics of the third, or highly sexed class, plus something. That something is the element that places them in a class to themselves. Every woman of this class whom it has been my privilege to examine, has shown all the characteristics of the highly sexed class, and in addition has shown symptoms of mild hyper-thyroidism and evidence of considerable hyper-ovarianism. They are not physically strong women, for they tend more to the delicate type.

Their upper measurements have, in all my cases, exceeded the lower measurements by two or more inches, one case as much as three and one-half inches. They are of a nervous, highly strung, easily excitable temperament. They have bright minds and boundless energy; they must be up and doing, never still. Their physical makeup is usually unequal to the demands made upon it and for that reason they are quite often semi-invalids or at least have frequent physical collapses. They are always slender and under average normal weight for their height. In this class of women it is not a matter of the number of orgasms possible during coitus, for they experience almost continuous orgasm from the beginning to the finish of every coitus. The least movement on the part of either themselves or their sexual partner throws them into violent convulsive orgasm. In one case (31-31) in my series, unconsciousness has occurred several times during coitus. She is a highly educated, refined woman. Neither her husband nor their family physician understood this woman's condition and she was referred to a surgeon who subjected her to a major operation and the removal of her uterus in the hope of correcting her condition, all to no avail. The operation did relieve her of excessive and painful menstruation but nothing else. Her desire and capacity remained the same. Her desire is terrific and practically continuous; her capacity is limited only by her physical strength. Due to what might be termed a "mental hazard," she and her husband never established a complete or satisfactory compatibility in twelve years of married life. Her husband, unfortunately, is some 20 years her senior and at present is almost impotent, while she is in her prime, truly an unfortunate situation. A medical advisor would hesitate to advise a divorce and remarriage to a younger man. Also, under our present mores, an extra-marital affair would not be sanctioned by society. A situation of this kind is plainly one of the serious problems of the sexual question of today.

Another interesting case is (34-9), age 24 years, the wife of a laborer. She consulted me during the seventh month of her first pregnancy. I delivered her baby at full term, ten months after marriage. At her first visit to my office I attempted to make a routine vaginal examination, but was unable to do so on account of violent convulsive movements, quite typical of orgasm, at each attempt to introduce my gloved

finger into the vagina. During delivery of her baby, while under deep chloroform anesthesia, any manipulation of the labia minora, or contact with the clitoris, produced violent muscular contractions of legs, arms, and hips, to such an extent, that it was impossible to keep her in proper position on the delivery bed. Subsequent examinations, since her delivery, show no change in her sensitivity. This woman's measurements are: Upper, 33½ inches; lower, 31 inches. Her weight is 109 pounds since delivery. She has relatively broad hips, and very small breasts for a lactating woman. She has mild, but definite symptoms of hyperthyroidism. She gives history of profuse menstruation since 12 years of age, lasting from six to eight days of a 24-day cycle. During his short married life, the husband, who is a strong, healthy man, has already developed a rather definite mental impotence due to his lack of understanding of his wife's condition. At the present time this case is still under my observation and treatment, and I have hopes of solving their problem to their complete satisfaction.

In summarizing the results of my study of 158 complete case histories, observations, and investigations, I find:

- (1) There are eight definite physical types of women.
- (2) As a general rule these eight types may be grouped into four definite sexual classes.
- (3) Each class has a definite sexual capacity which is quite constant for every woman within that class, with very few exceptions.
- (4) These sexual classes are determined principally by the key measurement of each individual.
- (5) Any variation in their individual capacity is indicated by their other physical characteristics such as obesity, size of breasts, prominence of buttocks, and general body contour.
- (6) In practically every woman who fails to achieve the capacity of her sexual class, there is an improper mental attitude towards sex or an unfortunate marital condition.

I fully realize that due to lack of space and time there are many important details lacking in this, my first presentation of the subject before a medical society and there are many problems yet to be solved. The reader will fully realize the difficulty of securing complete sexual histories except in a minority of cases in the usual run of office practice. I have given as briefly as possible my observations in the hope that other physicians may confirm or disprove the conclusions which I have drawn and I trust that further investigation will be made on this subject which is so filled with possibilities and is, as yet, practically an untouched field.

RESOLUTION

The Carroll County Medical Society, at a call meeting of Wednesday, January 13, 1937, passed the following Resolution of Respect, regarding the recent death of our faithful co-worker, Dr. J. R. Parker:

WHEREAS, There has been removed from our membership, by an all-wise Providence, one whose skill and ability as a surgeon could be rarely excelled; one who held the love and esteem and respect of his fellow members and all with whom he came in contact; one who was considerate, kindly and tactful with his patients, rich or poor; and one, who in going, has left a breach irreparable;

THEREFORE, be it Resolved, That we in solemn and sorrowful assembly deplore the loss of "Our Dr. J. R. Parker" and extend to his widow and their child our individual and united condolence and sympathy.

"The tomb is not an endless night

It is a thoroughfare—a way
That closes in a soft twilight,

And opens in eternal day."

Signed:

C. W. Slusser, President.

D. H. McCurry, Secretary.

OBITUARY

Luke Parker, aged 63 years, died at his home in DeValls Bluff January 21st of cerebral hemorrhage. Dr. Parker came to DeValls Bluff in 1902 and engaged in the practice of medicine and had operated a retail drug store since 1909. He was a member and active worker in the Prairie County Medical Society. Surviving relatives are a wife, three sons and two daughters.

COMING MEDICAL MEETINGS

Arkansas Medical Society, Little Rock, April 12, 13, 14, 1937.

American Medical Association, Atlantic City, June 7-11, 1937.

American Congress of Physical Therapy, Southern and Mid-West Section, Saint Louis, March 9, 1937.

THE JOURNAL

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EDITORIAL

MEDICAL DIRECTORIES.

One A. H. Cravens who has been calling on physicians in the state alleging representation of an automobile insurance company in Tennessee was the subject of editorial comment in the February Journal. Attention was called to the nature of his activities by a clipping from The Journal of the American Medical Association, supplied from the state secretary.

It may be of interest to recount that this individual feeling that his reception in Fort Smith on his initial visit in December was a bit frigid, returned to Fort Smith for the purpose, to quote press statements, "of taking a personal pride in breaking sales resistance among the physicians of the city." On this occasion he received a more active reception than on his previous visit; an alert physician advised the state secretary of his presence in the city, and the sheriff's office was contacted to arrange for a fitting reception. Among the sidelights of this reception were his endeavor to escape the kind advances of the sheriff and the recovery of a stolen automobile. At this moment, the physicians of Arkansas are safe from his assured promises of many accident victims and their medical care inasmuch as the local calaboose makes no provision for his further participation in the activities of the outside commercial world.

Physicians would do well to remember that the promises of the medical directory promoters will be varied as the knowledge of the resolution adopted by organized medicine forbidding listing in such directories becomes more general among these salesmen. Future sales talks will undoubtedly stress some form of mutual co-operation such as "you buy a policy: I'll see that the business goes to you" and the like. Subterfuge in tagging the physician for his contribution will be varied; one will do well to avoid buying in whatever guise presented.

ATTENDANCE AT SOCIETY MEETINGS.

Believing that the basic foundation of organized medicine, the county medical society, can prosper and exert its influence only by proper support from its membership, a support which must begin with regular and consistent attendance, The Journal suggests that members should attend their county medical society meetings for the reason that it is your society, your guild, your bulwark against harmful practices however inspired. Your county society affords you the op-

portunity to hear instructive papers, to participate in their discussion, as well as the pleasures of contact with your colleagues with the natural sequence of better understanding and firmer professional friendships. It provides your opportunity to work in the solution of public and professional welfare problems. It is your most certain defensive and offensive weapon in maintaining unchanged the rights and privileges of your chosen means of livelihood and the traditions of a great profession.

COMPULSORY HEALTH INSURANCE.

The Journal has heretofore called attention to the definite probability that 1937 will see a determined drive for the institution of a national system of compulsory health insurance, most probably promoted under the provisions of the Social Security Act. Obviously, physicians will not decide this issue; this will be done by the public, our patients. We know that such a system will remove normal competition among physicians, would subject both patient and physician to lay control, would make political preferment primary to professional incentive, would violate the confidential patient-physician relationship, would fail to care for the indigent, would discourage self-improvement on the part of the physician, would substitute mass methods for our present eminently successful individualistic care of the sick, would greatly increase the cost of medical care and would reduce medicine from a high scientific profession to the level of a low-grade craft. All these we know.

BUT DO OUR PATIENTS KNOW?

EDITORIAL COMMENT

HONORARY MEMBERSHIP

The attention of county medical societies and in-particular, county secretaries, is called to the resolution adopted by the Council April 27th, 1936, which outlines the manner in which members may be elected to honorary membership in the Arkansas Medical Society. The resolution follows:

"Whereas, the Constitution is silent as to the manner in which a member shall become an honorary member of the Arkansas Medical Society,

Therefore, Be It Resolved, That after a component county medical society shall have designated one of its member as an honorary member, if the records of the state secretary reflect that he is eligible to occupy that status in that he has paid the required assessments of membership for 15 consecutive years next preceeding

such election and has arrived at the age of at least 65 years, and after the Council shall have approved such action, his name shall be presented to the House of Delegates by the state secretary for approval. After favorable action by the House of Delegates such a member shall be considered an Honorary Member for the remainder of his life."

It is requested that county medical societies immediately submit such nominations for honorary membership as they may contemplate presenting to the 1937 session of the House of Delegates in order that the records may be checked prior to convening of the session.

The Journal is the official publication of the Arkansas Medical Society and as such should reflect the activities and the policies of the state society and its component county societies. This it has assiduously endeavored to do at all times. Every effort has been made to give publicity to the proceedings of county societies and to make mention of the deeds and accomplishments of the individual members. This aim is rather difficult in that the editor being but human and not all-wise, frequently fails to hear of some special achievement of an individual physician, well worthy of mention, and without this knowledge, cannot include such a news item in the columns of The Journal. County societies are quite lax in this respect; practically every report of a county society meeting which appears in The Journal has been obtained from newspaper reports. It is felt that the sections on Proceedings of Societies and Personals and News Items are of interest to the membership; The Journal desires hearty co-operation in making these sections more representative of the affairs of organized medicine. The editorial policy of The Journal has been to comment upon affairs in general as affecting the practice of medicine, stressing the matters of organization and economics rather than scientific medicine, feeling that matters of scientific interest may be better presented in its scientific articles.

Making no claims to perfection, but desirous of making The Journal one of the best state medical publications, the thought occurs that individual members may offer suggestions for its improvement. It may be that our intimate association with its pages prevents our seeing its obvious faults; similarly, we may overlook needed change for the better. It will be appreciated if you will give The Journal your views.

PROCEEDINGS OF SOCIETIES

The Fourth Councilor District Medical Society met at Star City January 18th for the following program: "Appendicitis," H. A. Causey, Pine Bluff, and "Otitis Media," A. A. Hughes, Pine Bluff. The Society adopted the following resolution: "We, the Fourth Councilor District Medical Society, go on record endorsing the State Charity Hospital plan submitted by Dr. Frank Vinsonhaler, Dean of the University of Arkansas Medical School." The following officers were elected: President, H. T. Smith, McGehee; Vice-president, J. P. Price, Monticello, and Secretary-treasurer, H. A. Causey, Pine Bluff.

H. T. SMITH, President.

Randolph County Medical Society has elected the following officers: President, W. E. Hamil; Vice-president, J. W. Brown; Secretary-treasurer, Wm. O. Loftis; Delegate, J. E. Smith, and Alternate, E. L. Handley.

Searcy County Medical Society has elected the following officers: President, J. A. Henley; Vice-president, J. O. Cotton; Secretary-treasurer, Sam G. Daniel; Delegate, J. O. Leslie, and Alternate, E. G. Fendley.

The Tri-County Clinical Society was addressed January 28th by Geo. F. Jackson, presenting the motion picture film, "The Development of the Cancer Cell," and F. Walter Carruthers, "Europe as Seen Through the Camera."

The Fort Smith Clinical Society has elected the following officers: President: A. F. Hoge; Vice-president, J. A. Foltz; Secretary-treasurer, E. C. Moulton; Director of Clinics, D. W. Goldstein, and Executive Board Member, Chas. S. Holt.

The Benton County Medical Society met in dinner session at Rogers February 11th for the following program: "Old Chesnuts in New Burrs," W. H. Mock, Prairie Grove and "Symposium on Para-nasal Sinusitis," R. H. Huntington, Fayetteville, and H. J. G. Koobs, Rogers.

The Saline County Medical Society met in luncheon session February 2nd at the Lone Star Cafe. The society then met in the home of Dr. and Mrs. C. W. Jones where F. Walter Carruthers, Little Rock, addressed the members on "A Comparison of American and European Hospitals." Additional visitors were: Alan Cazort, M. J. Kilbury and B. James Reaves.

THOS. C. WATSON, Secretary.

The Pulaski County Medical Society was addressed February 1st by Val Parmley on "Acute Brain Injuries."

The Hospital Association of the Missouri Pacific Railroad was addressed at its meeting in Little Rock, January 29-30th, by M. J. Kilbury, S. C. Fulmer, D. A. Rhinehart, Geo. V. Lewis, H. Fay H. Jones, Duel Brown, W. V. Newman, Paul Mahoney, H. S. Thatcher, W. C. Langston and Paul Day, all of Little Rock. Chas. S. Holt, Fort Smith, was elected President of the Association.

Chicot County Medical Society has elected the following officers: President, B. C. Clark; Vice-president, J. H. Burge; Secretary-treasurer, W. J. Schwarz; Delegate, S. W. Douglas, and Alternate, E. E. Barlow.

Sevier County Medical Society has elected the following officers: President, C. C. Hanchey; Vice-president, C. E. Kitchens; Secretary-treasurer, G. L. Kimball; Delegate, J. C. Graves, and Alternate, C. E. Kitchens.

The Franklin County Medical Society held its annual banquet session at Ozark February 11th. Thos. Douglass, serving in his 42nd consecutive term as county society secretary, acted as toastmaster. In addition to the 100 per cent attendance of the membership, the following guests were present: J. A. Wigley, O. J. Kirksey, C. J. Campbell, Mulberry; Earle Hunt, W. R. Hunt, Jr., R. T. Johnston, Clarksville; J. W. Amis, J. H. Buckley, C. T. Chamberlain, E. C. Moulton, R. E. Weddington, F. H. Krock and W. R. Brooksher, Fort Smith.

Phillips County Medical Society has elected the following officers: President, Geo. R. Storm and Secretary-treasurer, H. H. Rightor. Drs. W. R. Orr and J. W. Nicholls were elected to serve as directors of the Helena Hospital Association.

Bradley County Medical Society has elected the following officers: President, M. T. Crow; Vice-president, L. E. Ellison; Secretary-treasurer, W. J. Hunt; Delegate, W. A. Snodgrass, Jr., and Alternate, Rufus Martin.

Arkansas County Medical Society has elected the following officers: President, C. A. Lumsden; Vice-president, E. B. Swindler; Secretary-treasurer, C. W. Rasco, Jr.; Delegate, C. W. Rasco, and Alternate, R. H. Whitehead. The January 12th meeting of the society was addressed by C. W. Rasco on "Urinary Antiseptics."

PERSONALS AND NEWS ITEMS

Joe Roe, Little Rock, has been appointed a member of the State Hospital Board.

"The Clinical Significance of the Effects of Posture on Blood Pressure: The Postural Test as a Means of Classifying Hypotension" by Chas. H. Lutterloh, Hot Springs National Park, appeared in the January issue of The American Journal of Medical Sciences.

"Diseases Misdiagnosed as Early Syphilis" by Ewell I. Thompson, Little Rock, appeared in the November issue of The Urologic and Cutaneous Review.

R. B. Robins is building a two-story medical building at Camden to be occupied with his associate, R. R. Robins.

M. J. Kilbury recently addressed the Little Rock Rotary Club on "Blood and Its Relation to Good Health."

H. E. Mobley has been elected President of the Morrilton Federal Savings and Loan Association.

Paul Mahoney, Little Rock, recently addressed the Southern Section of the American Triological Society on "Chronic Abscess of the Larynx."

Joe F. Shuffield recently addressed the Little Rock Co-operative Club on "Safety in Relation to the Human Body."

"Obstruction of the Small Intestine by Enterolith: Recovery Following Removal" by F. J. Scully and J. S. Stell, Hot Springs National Park, appeared in the January Southern Medical Journal.

Joe F. Shuffield, Little Rock, has been appointed a member of the Arkansas Game and Fish Commission.

Of the 15 Faulkner County physicians who met at Conway March 2, 1902, and organized the Faulkner County Medical Society, four are now living in Conway: I. N. McCollum, J. E. McMahan, W. J. West (retired), and J. S. Westerfield. A fifth, G. W. Ringgold, is practicing at Gould, Arkansas.

Preston Hunt, Texarkana, was recently presented with the Silver Beaver award by the Texas-Arkansas Council, Boy Scouts of America.

"Acute Appendicitis" by Dewell Gann, Jr., Little Rock, appeared in the February issue of The Mississippi Doctor.

Ellery C. Gay addressed the Little Rock Kiwanis Club February 2nd on "Sulphur and Molasses."

"The Management of Chronic Relapsing Amebiasis" by H. G. Hummel, Little Rock, appeared in the February Southern Medical Journal.

S. C. Fulmer, Little Rock, attended the Council on Medical Education and Hospitals in session at Chicago during February.

H. Fay H. Jones addressed the Little Rock DeMolay chapter recently.

R. A. Law has been elected vice-president of the Little Rock Christ Church Men's Club.

"Know Your Family Doctor," by Geo. B. Fletcher appeared in the January issue of The Levi Messenger.

Wm. Hibbitts recently addressed the Texarkana Ministerial Alliance on "How Ministers May Aid Sick Persons."

The Jonesboro Lions Club was addressed January 28th by W. C. Overstreet, E. J. Stroud, H. A. Stroud and R. M. Jernigan on the control of venereal diseases.

C. E. Dungan and J. F. Hays recently addressed the Augusta P. T. A.

J. T. Tipton, Mountain Home, has recovered from an illness of several weeks duration.

N. E. Murphey has been appointed division surgeon for the Cotton Belt Lines at Clarendon.

J. W. Harper has been elected a director of the El Dorado Chamber of Commerce.

RANDOM THOUGHTS OF THE SECRETARY

January 19th. We sponsor Mac Cahal and are pleased to see Sebastian County members become enthusiastic over his talk. We firmly believe concrete results will be forthcoming at the next meeting. At a late day he will be quoted, however, for his story of the African explorer, this saga of the boasts of age and the accomplishments of youth striking a responsive chord among both the old and the young present.

January 20th. Studying the enactment of legislation and arriving at the conclusion that we are just about as well-informed on what is to take place as are some 135 constitutionally-delegated thinkers, who draw pay for their conclusions. Marveling at the self-control which Grayson exhibits when Parmley prohibits his use of certain modern conveniences for physiological indulgence on the statement that the room is only borrowed. Dinner with Clarence Byrns and thus acquiring an accurate analysis of probable trends, one of which, the sales tax token, will be unsympathetically received by us with the experience of Missouri, Oklahoma and Colorado purchases still in mind. Returning with Wolfermann, the elements conspire to offer us a variety of weather conditions, either torrential rain or soupy fog, the trip requiring five hours, and on that, we claim some sort of record. Basing our opinion upon the perusal of a popular weather book, and learnedly discussing such thoughts, we hazard the prediction that we shall encounter no fog west of Russellville. And so we learn that weather predictions are an unattainable achievement for us.

January 22nd. Goldstein speaks to our club on syphilis control, a talk whose practical value might be worth more to a younger group. Rightly stressing the importance of the private physician in any such measures, we feel that he has impressed this group with some of the ideals of medicine.

January 26th. Raymond Smith presents the second Sparks Follies, a tuneful, beautifully staged show. It being brought to our attention that our presence as a patron demands dress, we find that we are one of four who observed the conventions.

January 27th. In cooperation with G-man Goldstein, we participate in the arrest of one individual who has toured these southern states the past few months offering space in our pet hate—an insurance medical directory. Not content with our advice on the occasion of a call to these offices in December in which he was told to peddle his scheme elsewhere, he returns to convince himself and us that he can sell his idea to physicians here—and does! His arrest saves our colleague Foltz the five dollars and we hazard the guess that medical directory space will not be sold in this vicinity for a number of years.

January 29th. Present for mobilization and departure of a local national guard unit and contemplative of our general appearance in hip boots next week similarly located, administering typhoid vaccine, attending maternity cases and the like, activities of a professional nature with which we profess only an academic interest. Sorry we did not the more fully attend the obstetric refresher course.

January 29th. We receive the expected order from the state military department. Titled a "stand-by" order, there is no greater misnomer. We become hectic in our efforts to locate various items of military equipment, consigned to oblivion since last encampment, to place

these in approximate order for embarkation, to arrange for a continuation of our many affairs in something resembling an orderly progress of events, the whole contributed to by remarks of those on the sidelines, and the net result, a considerable confusion. Sophie and I. F. arrange a farewell party where, notice of cancellation of our order having been received, we gaily abandon ourselves to joy and financially profit in infinitesimal degree.

February 2nd. Tommy Foltz relates the case where "the ether ran out and the plaster ran out," the obvious comment to which is, of course, that the patient did not.

February 3rd. Fount Richardson makes a short call en route to duties in the flood sector where he will acquire further knowledge in matters military.

February 7th. We roam the adjacent countryside most of the day seeking creeks into which we cast many a stone, the day being a great joy for ourself and one slightly younger in actions, our return to childhood sympathetically tolerated by Peggy.

February 9th. This evening viewing a movie, "Light and Sight" sponsored before the county medical society by Raymond T. Smith. Seeking information we ask Everett Moulton how many foot candles these old eyes need for indoor reading, to which he answers: "I do not know." Thus is the seeker of truth and knowledge ever harassed and thwarted in his diligence. The current epidemic engulfs Jones, and he becomes another king who abdicates.

February 11th. In company with a loquacious quartette, Amis, Chamberlain, Weddington and Everett Moulton, the latter more engrossed in highway bridges than in casual conversation, we proceed to Ozark for the annual Franklin County Society banquet. Of considerable scientific interest is the throat clinic conducted in advance of the banquet festivities. A gay crowd about the table, calmed to perfection by the soothing music of Miss Douglas, we are entertained by tap dancing of professional caliber and post-prandial oratory which deserved the gong. Meditating the association of young Johnston, a returned medical missionary, with Earle Hunt, and finding the solution more difficult than the current cigarette picture contest.

February 17th. This day in Saint Louis observing no change in its smoky atmosphere but advised of the current crusade on the part of physicians to curb the evil. Devoting the major portion of the day to promoting the happiness of the better half and young son, the latter particularly requiring a personal escort on street cars and buses about the city, somewhat a humdrum vacation were it not for the youngster's extreme joy in these unaccustomed modes of transportation.

February 19th. Legislative matters occupy us most of the day, conversing with all sections of the state by telephone, an instrumentality which we are wont to decry in its annoying insistence on many an occasion, yet a veritable necessity.

VITAMIN ADVERTISING AND THE MEAD JOHNSON POLICY

The present spectacle of vitamin advertising running riot in newspapers and magazines and via radio emphasizes the importance of the physician as a controlling agent in the use of vitamin products.

Mead Johnson & Company feel that vitamin therapy, like infant feeding, should be in the hands of the medical profession, and consequently refrain from exploiting vitamins to the public.

WOMAN'S AUXILIARY PAGE

MRS. H. E. MURRY, Publicity Secretary, Texarkana.

On January 5th the Woman's Auxiliary to the Washington County Medical Society entertained with a luncheon at the Hotel Washington. Mrs. Morrow gave a most interesting talk on Dr. Wilson's work among the lepers in the Orient. There were twelve members present.

On January 12th, the Washington County Auxiliary met at the home of Mrs. F. Richardson for their monthly work meeting. Cotton bales, bandages and various other supplies were made for the City Hospital. A social hour followed. Twelve members were present.

MRS. ALFRED HATHCOCK.

The Woman's Auxiliary to the Pulaski County Medical Society entertained with a dinner and evening party January 30th at Concordia Club. Guests included members of the Auxiliary and doctors of the society. Cards and dancing were enjoyed following the dinner hour. The entertainment committee in charge of the party included Mrs. A. W. Strauss, Mrs. K. W. Cosgrove, Mrs. W. C. Langford, Mrs. M. E. McCaskill, Mrs. M. B. Holmes, Mrs. Duell T. Brown, Mrs. L. F. Barrier and Mrs. J. R. Wayne.

Mrs. C. A. Archer was hostess to the Medical Auxiliary at her home recently. Mrs. R. L. Hopkins was leader of a very interesting program on "Cancer Control." Mrs. C. M. Gore discussed "Cancer of the Mouth" and Mrs. R. C. Dickinson read statistics on cancer. Mrs. C. C. Thompson will be hostess at the February meeting. A dainty salad plate was served to Mrs. Hopkins, Mrs. Gore, Mrs. C. E. Kitchens, Mrs. Thompson, Mrs. A. J. Clingan, Mrs. G. L. Kimball, Mrs. Dickinson and Mrs. Clarence Hooper of Horatio.

The Woman's Auxiliary of Bowie and Miller Counties Medical Societies was entertained Friday afternoon, January 29th, by Mrs. H. E. Murry, Mrs. Ruel R. Robins and Mrs. Decker Smith at the home of Mrs. Murry, 1700 Beech Street, Texarkana, Ark. Mrs. Albert Mann presided over the business session. The program was given by Mrs. Allen Collom, Jr., who spoke on "Health Insurance," and Dr. Frances Spinka whose subject was "Prevention of Old Age."

After the program the guests were invited to the dining room for refreshments. Mrs. S. A. Collom poured coffee from a table attractively decorated with japonica. Mrs. R. W. Pickett was welcomed as a new member. Members present, other than those mentioned were: Mrs. J. R. Dale, Mrs. Rodney Dale, Mrs. N. B. Daniel, Mrs. Ralph Cross, Mrs. T. E. Fuller, Mrs. C. E. Kitchens, Mrs. T. F. Kittrell, Mrs. L. H. Lanier, Mrs. H. E. Longino, Mrs. George Parson, Mrs. P. H. Phillips (Ashdown), Mrs. A. W. Roberts, Mrs. J. T. Robinson, Mrs. J. E. Tyson and Mrs. J. F. Williams.

The Auxiliary to the Sebastian County Medical Society at its January meeting, a 1 o'clock luncheon at the Woman's Clubhouse, voted to give subscriptions to

"Hygeia" to the Girls' Club and Carnegie library, Mrs. W. F. Rose, publicity chairman, announced following the meeting.

In the absence of the Hygeia chairman, Mrs. D. W. Goldstein, the auxiliary president, Mrs. S. J. Wolferman, explained rules and regulations governing a Hygeia contest. Money for the contest is to be contributed by Mrs. John O. McReynolds, Dallas, Texas, one of the past-presidents of the Auxiliary to the American Medical Association.

Musical numbers of the program were vocal solos by Mrs. Troy McNeill who sang, "Indian Love Call," by Rudolph Friml, and "The World Is Mine Tonight." Mrs. Dave O'Leary, pianist, played the accompaniments.

Present for the luncheon were Mrs. McNeill and Mrs. O'Leary, guests; and the following members: Mrs. Wolferman, Mrs. B. B. Bruce, of Alma; Mrs. Walter Eberle, Mrs. Arthur F. Hoge, Mrs. W. R. Brooksher, Mrs. F. H. Krock, Mrs. C. S. Holt, Mrs. Raymond Smith, Mrs. Everett C. Moulton, Mrs. J. C. Amis, Mrs. Thomas Price Foltz, Mrs. Rose and the hostesses for the day, Mrs. J. S. Southard and Mrs. I. F. Jones.

AUXILIARY HEAD SPEAKS

Speaking informally, Mrs. J. T. McLain, of Gurdon, president of the Woman's Auxiliary to the Arkansas Medical society, addressed the February meeting of the Auxiliary to the Sebastian County Medical Society at a luncheon session February 8th at the Woman's Clubhouse in Fort Smith.

Mrs. McLain pointed out ways in which members of the auxiliary can strengthen the work of the organization and promote the adoption of health measures, and urged the women to co-operate in the movement for periodic health examinations and cancer control. The state president also discussed briefly plans for the state convention, which is to be held in Little Rock, April 12-14th.

In the absence of Mrs. S. J. Wolferman, president of the local auxiliary, Mrs. Everett C. Moulton presided.

Musical numbers on the program were by Mrs. Stella Harrington, vocalist, who sang, "I Dreamt I Dwelt in Marble Halls," from "The Bohemian Girl," by Balfe, and "The Sand Man," by Carrie Jacobs Bond. Her accompanist was her daughter, Miss Mary Laura Harrington, pianist.

Only routine matters were taken up at the business session. Hostesses for the day were Mrs. Moulton and Mrs. Walter G. Eberle.

Others present were Mrs. A. A. Blair, Mrs. C. S. Bunghart, Mrs. James A. Foltz, Mrs. M. E. Foster, Dr. Louise Henry, Mrs. Raymond T. Smith, Mrs. F. H. Krock, Mrs. J. C. Amis, Mrs. W. R. Brooksher, Jr., Mrs. B. B. Bruce, Alma, Mrs. G. G. Woods, Huntington, and Mrs. B. L. Ware, Greenwood.

MRS. W. F. ROSE, Publicity Chairman.

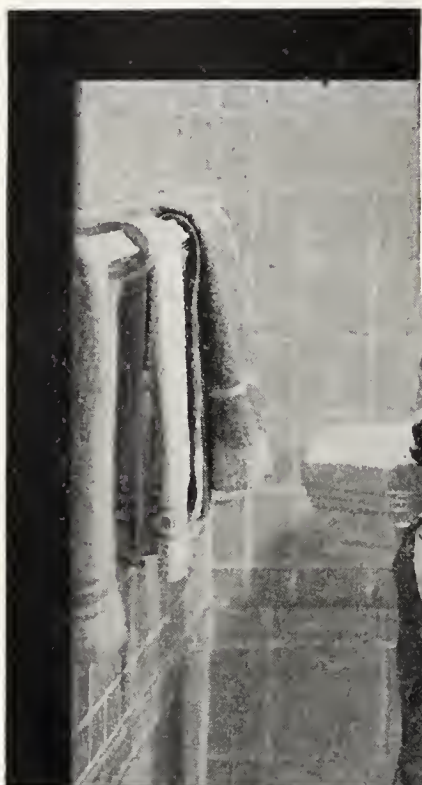
Woman's Auxiliary of the Sebastian County Medical Society.

For Children's Colds

In prescribing 'Benzedrine Inhaler' for children's head colds, you are providing a first aid remedy which may prove of constant service.

At the first sign of a cold the child is instructed to use the inhaler. Since benzyl methyl carbinamine is volatile, it penetrates to areas not readily accessible to liquid inhalants, and there is no oil to be aspirated and become a potential source of later trouble by accumulating in the lungs. (Graef—Am. J. of Path., Vol. xi: No. 5, Sept. 1935.)

For the adult members of the family, 'Benzedrine Inhaler' is equally useful.



Each tube is packed with benzyl methyl carbinamine, .325 gm.; oil of lavender, .097 gm.; menthol, .032 gm.

'Benzedrine' is the trade mark for S. K. F.'s nasal inhaler and for their brand of the substance whose descriptive name is benzyl methyl carbinamine.



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THE SEDIMENTATION TEST IN CHRONIC ARTHRITIS: ITS VALUE AS AN AID TO DIFFERENTIAL DIAGNOSIS AND TREATMENT*†

MAURICE F. LAUTMAN, M. D.
Hot Springs National Park, Arkansas

The exact relationship which bacterial activity bears to chronic arthritis is still a much-debated subject. In most cases, regardless of classification, evidence of an infective process seems to enter the general picture at some point. In the atrophic or rheumatoid type of arthritis, the bacterial element is generally believed to be a dominant etiologic factor. Hypertrophic arthritis is usually regarded as due to senescence, wear and tear and metabolic disturbances. This differentiation is still largely hypothetical although borne out in a measure by blood and tissue culture findings.

Kahlmeter¹ believed that rapid sedimentation of the blood occurred in a variety of conditions which are unrelated, etiologically, to infection and that the phenomenon probably was due to altered chemico-colloidal conditions of the blood resulting from tissue destruction. However, more recent reports indicate that the sedimentation rate is almost invariably increased in pathological conditions accompanied by or due to bacterial activity in the body, particularly in those diseases of a subacute or chronic infectious nature in which adequate facilities for drainage are lacking. In acute infections, like the exanthemata, in gonorrhoeal urethritis, and in chronic endocervicitis with profuse discharge, the sedimentation rate remains normal.

Of the non-bacterial diseases in which high sedimentation rates are obtained may be mentioned malignant new growths of long duration, metallic poisoning, pernicious anemia and gout.

However, the factor of chronicity which enters into these conditions invites the impression that possibly secondary infection of some sort is accountable for the increased sedimentation rate.

This investigation was undertaken to determine if possible to what extent the blood sedimentation rate coincides with clinical evidence of bacterial activity in chronic arthritis. The Cutler² test was employed, and Fischer's recommendation of depending entirely on the reading at the end of one hour, was followed. A sedimentation rate of ten millimeters or less in one hour's time was considered within normal limits; a drop of more than ten millimeters was regarded as an abnormally rapid sedimentation rate.

Two hundred cases of arthritis were studied. One hundred and eighteen cases were of the atrophic type and 82 were of the hypertrophic type. Differentiation of the two types was made on the basis of age, clinical history, X-ray findings, character of deformity and appearance of the joints. In all the cases of atrophic arthritis, the sedimentation rate was increased. Seventy-six cases exhibited one or more of the well defined features usually regarded as characteristic of atrophic arthritis. In twenty-one cases, the chief complaint was pain and discomfort in some part of the trunk or extremities but in whom no gross or X-ray evidence of arthritis in the painful areas was discovered. X-ray examination of the spine in these cases, however, showed evidence of arthritis in the cervical region in eleven cases, in the dorsal region in two cases, and in the lumbar and lumbo-sacral region in eight cases. The remaining twenty-one cases showed no objective evidence of arthritis whatsoever. Pain in some part of the locomotor apparatus was the predominant symptom. Ordinarily these cases would have been classified as muscular rheumatism, neuritis, fibrositis or one of the many designations given to the rheumatoid disorders. The in-

* From the Department for the Study of Arthritis of the Levi Memorial Hospital, Hot Springs National Park, Arkansas.

† Read before the Sixty-first Annual Session of the Arkansas Medical Society, Hot Springs National Park, April 28, 1936.

creased sedimentation rate, evidence or history of focal infection, and the impression gained from the physical examination and general history determined the classification of these cases as early atrophic arthritis.

In the hypertrophic group, of the 82 cases studied, 34 (41%) showed increased sedimentation rates. This percentage is somewhat higher than that found by Dawson, Sia and Boots.³ Using the Westergren technique, they regarded as normal all cases having a sedimentation rate of 30 mm. or less. Westergren⁴, however, regards 155 mm. as the upper limit of normal and if this figure were applied in Dawson's series, the percentage of his cases of hypertrophic arthritis with increased sedimentation rates would be considerably increased.⁵ In the 48 cases of hypertrophic arthritis in whom the sedimentation rate was normal, six showed subjective and objective evidence of clinical activity. The remaining 42 cases were of the quiescent or dormant type.

In the 34 cases in this group with increased sedimentation rates all showed one or more evidences of clinical activity. The impression of clinical activity was gained from the degree of pain, swelling, deformity, and the presence of history of recent removal of foci of infection and the extent of physical deterioration.

Of 200 cases of chronic arthritis studied, 152 (76%) showed sedimentation rates above normal. If we are justified in the belief that the increased sedimentation rate of the blood indicates the presence of a bacterial process, the frequency with which this phenomenon is encountered in chronic arthritis of both types would support the conclusion that bacterial activity plays an important part in most cases. While this fact is generally accepted as far as atrophic arthritis is concerned, its importance has not been sufficiently emphasized in the current concept of hypertrophic arthritis.

Former theories as to the mechanism of focal infection in arthritis are being gradually discarded as evidence is accumulating to support the belief that the bacterial process is one of sensitization rather than intoxication. Thus, while a recognized focus of infection may act as a precipitating factor, continued activity of the disease after extirpation of the focus may be the result of further sensitization from the casual absorption of the offending organism from areas which it normally inhabits. Whether or

not the sedimentation test is really an index of bacterial sensitization is a matter for further speculation and study.

The conclusions from this study are:

1. The sedimentation test is an index of the degree of bacterial activity in chronic arthritis.
2. The test is of value in establishing the diagnosis in cases in which joint changes are slight or lacking.
3. The test indicates that bacterial activity plays a greater role in hypertrophic arthritis than is generally supposed.

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MAY DAY—CHILD HEALTH DAY 1937

Saturday, May First

Suggestions for Observance

The Children's Bureau sponsors May Day—Child Health Day activities at the request of the State and Provincial Health Authorities of North America and in accordance with the Congressional Resolution of May 18, 1928, authorizing the President to proclaim May Day as Child Health Day.

Slogan: Health protection for every child.

Objective: To promote the extension of year-round child-health services in every community, including services for physically handicapped children.

Leadership: State May Day chairmen will be appointed by State health officers to plan the State Child Health Day program and to arrange for the cooperation of organizations concerned with child health.

State departments of education will be asked to cooperate by planning and directing school Child Health Day programs.

Program: For community groups—(1) an evaluation of child-health services in the community based on a survey of existing child-health conditions and organization to promote child health, (2) the launching of new local child-health projects, and (3) exhibits or programs celebrating gains made.

For children—as a climax for the year's health program—festivals, athletic contests, programs, exhibits celebrating children's growth, vigor, and safety from health hazards.

State and local news stories, radio talks, and speeches.

Requests for information on State programs or for further material should be sent to May Day chairman in State health departments.

COMING MEDICAL MEETINGS

Second Councilor District Medical Society, Searcy, April 5th.

Arkansas Medical Society, Little Rock, April 12, 13, 14, 1937.

American Medical Association, Atlantic City, June 7-11, 1937.

ORGANIZED MEDICINE: A FEW FACTS CONCERNING ITS HISTORY AND VALUE*

M. J. KILBURY, M. D.

Little Rock

It was said by Hippocrates that "The physician must know what others have known or he is constantly liable to deceive both himself and others." To the casual observer the American Medical Association is an established part of our medical world; but if we delve into the old transactions, the fact is soon apparent that it has not always been as it is now. The association is less than a century old, which is very young in comparison to the history of medicine.

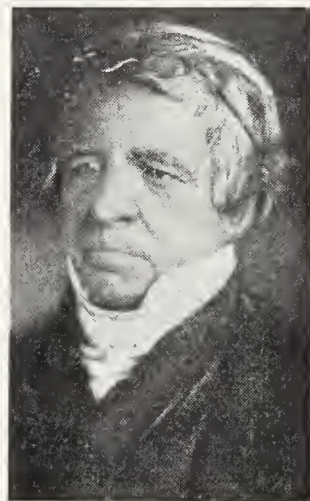
The Association was started in 1847. What was America ninety years ago? James K. Polk was President of the United States. The Mexican War was in progress. Railroads were spreading from the East to the South and West. Chicago was just ten years old. Howe's sewing machine had just been patented. Morton had just obtained ether anaesthesia. Hoop skirts were in vogue.

The origin of the American Medical Association can be traced to a national convention of delegates from the state medical societies and medical colleges. This convention was called by Dr. Nathan Smith Davis of the New York Medical Society and was held at New York University. The meeting being called for the purpose of raising the standards of medical education.

At about this period, there was a large and increasing number of medical schools. There were more than three hundred institutions in the business of preparing and licensing doctors. The idea prevailed that medicine could be learned by studying the sick. During this period, Pasteur consummated his memorable work on the theory of germs as the cause of disease. This was an important factor in changing the conception of medical education. These discoveries of Pasteur, Koch, Lister, Virchow, and others made it necessary that the candidate for the medical profession should spend a period of time in the science of anatomy, bacteriology, chemistry, and pathology, before beginning the clinical and bedside work. Some of the higher standards required at this first convention were as follows:

1. Longer annual course — six months was suggested.
2. Sequence and grading of curriculum.
3. Separation of licensing power from the teaching function.
4. Fair standards of preliminary education.

Little was actually accomplished at this first convention, but another meeting was called for the following year, 1848, in Baltimore. At this meeting the American Medical Association was organized. Dr. Nathaniel Chapman was chosen the first president. He was given this distinction because he was an eminent teacher. He was born in Virginia, (1778-1853) and had attended medical school in Edinburgh. He was a brilliant



DR. NATHANIEL CHAPMAN

scholar, something of a writer, a valuable friend, and most prominent physician of his time. "Tolerance of differences of opinion is a lofty virtue." This was one of his noted characteristics. He was skeptical of truth and of permanency of medical doctrines. He believed that the time for truthful conclusions had not arrived. He encouraged investigation. It is said of him that he rescued medicine from the sway of hypothetical systems and restored it to the rule of common sense, observation, experiment and nature. This great change was effected in a manner so unobtrusive and gentle that it was scarcely noted at the time. He was professor of practical medicine of the Pennsylvania University in Philadelphia.

At this meeting plans were outlined to be carried out over a period of fifty years. The Constitution, By-laws, Code of Ethics, Nomenclature of Diseases, devised by the convention, were adopted.

In the meeting the following year, 1849, at Boston, Oliver Wendell Holmes urged doctors to produce their own literature instead of editing European works, to substitute original for parasitical authorship. Dr. Holmes was born in Boston, 1809, graduated from Yale, studied in Paris under Louis, a great teacher. During this period, he spent much time in other countries.

* President's Address to the Pulaski County Medical Society.

In 1847 he was appointed professor of Physiology and Anatomy; served as dean of Medical School, 1847 to 1852. He was a vivid lecturer and enlivened his remarks with many witticisms. As Dwight says: "None but Holmes could have



OLIVER WENDELL HOLMES

compared the microscopical coiled tube of a sweatgland to a fairy's intestine. Medical readers will appreciate the aptness of likening the mesentery to the shirt ruffles of a preceding generation, which from a short line of attachment expanded into yards of complicated folds. He had compared the fibres connecting the two symmetrical halves

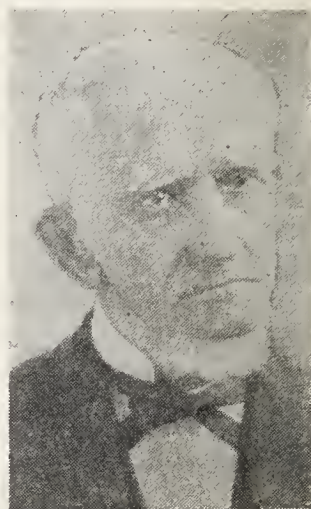
of the brain to the band uniting the Siamese twins."

As the years went by, with conventions in Cincinnati and Charleston, South Carolina, they attracted the strongest men from every section, largely members of medical school faculties. The scientific standards of meeting were high; the social features a delight. Meetings were held annually except for the first two years of the Civil War. This group carried on for over forty years and accomplished much by improving medical ethics and developing medical literature but they found themselves powerless to obtain anything in the way of legal enforcement of medical standards. In other words, the association, in its early years, did not reach out to a sufficient number of doctors.

At a meeting in Cincinnati, Ohio, in 1867, the convention accepted a resolution declaring that a high school course be required as a preliminary education for students entering medical college. Chicago Medical College (Northwestern University) was first to comply. In 1872, Harvard adopted these requirements; University of Pennsylvania soon followed.

Dr. Nathan Smith Davis is generally regarded as the chief founder of the American Medical Association. He was a native of Chinango County, New York; born in 1817, graduated from the College of Western New York, Fairfield, in 1837. In 1849 he was approved by Dr. Brainard as professor of Physiology and Pathology at Rush Medical College. Davis was a

strong, aggressive character and advocated the lengthening and grading of the course. He was opposed by the president, Dr. Brainard. As a result of this dissension, Davis left Rush in 1859 and started the Chicago Medical College which later became Northwestern University Medical School. In 1860 he had founded Illinois General Hospital, which later became known as Mercy Hospital. It is said that Dr. Davis spent sixty years of his life working for higher standards of medical education. You can discern in his portrait, seriousness, aggressiveness and strength of character.



NATHAN SMITH DAVIS, M. D.

In 1888, Dr. Nathan Smith Davis led a movement for re-organization, making the county society the basic organ of authority. The county society was to select from its members delegates to make a house of delegates of the state society, and the state in turn selecting especially qualified members to make up the national house of delegates. The national house of delegates was limited to 150 members. After this change was made, the organization began to function through the county society and to reach and help every physician within its respective jurisdiction. After this re-organization, the association really began to accomplish things in a big way.

At this time, I wish to digress, to say something regarding the state organizations. New Jersey boasts of the oldest state society, being organized in 1776; Massachusetts in 1781; Connecticut in 1792; Maryland in 1798; Rhode Island in 1812. The other states followed with little relation to the time of their admission to the union. Comparatively few states had societies until the agitation began which resulted in the formation of the American Medical Association. Those then in existence had small memberships.

The Arkansas Medical Society was first organized in 1875, re-organized in 1902. Dr. J. J. Holcomb of Jefferson County was chosen temporary Chairman. Dr. P. O. Hooper of Pulaski was elected first president. Dr. Hooper was also first Dean of the Arkansas Medical School.

At this annual meeting affiliated county societies increased from none to 61; members from 192 to 756; annual income from \$1,600 to \$11,572. Under the stimulus of this movement a good law was enacted in this state which put an end to quackery in Hot Springs.

The greatest activity of the association is (1) protection and unification of its members in the great problems of medicine, (2) the defense of humanity against the ravages of disease, (3) the attempt to present health matters in such a form as to teach mankind how to live happily and with better health. The success of the organization, which we may say is greater than that of any other nation, is due largely to three things: the establishment of a headquarters, the Journal, and the creation of various councils and bureaus.

The Journal, established in 1883, is the great distributing medium of the American Medical Association. It is the most widely distributed medical periodical in the world; having more than 95,000 subscribers. It is a wonderful factor in the humanizing and unifying of medical thought and medical procedure. The library of the association contains several thousand volumes, a great boon to students and investigators. The quarterly Cumulative Index Medicus is prepared in the Library; a complete registrar of current literature in all languages, tabulated by subjects, authors, and titles. It contains scientific gleanings from 1400 periodicals regularly subscribed for. The American Medical Association publishes the Medical Directory which contains the names and all available information concerning 156,000 doctors in the United States, the names of hospitals, their size, location, and management, and the medical societies, their officers, etc.

The Council on Medical Education and Hospitals was created in 1904. We are quite familiar with the fine work accomplished by this department in raising the standards of medical education. In 1907 there were 162 medical schools in this, our land of the free and home of the brave, more than in all the other countries of the world. The Council at this time classified medical schools according to their entrance requirements, their equipment and functioning. They found all kinds of schools, non-sectarian, homeopathic, eclectic, physio-medical and non-descript. Following this classification by the Council, the number of medical schools began to fall; by 1910 it had been reduced to 131.

Then Mr. Abraham Flexner of the Carnegie Foundation, accompanied by Dr. N. P. Colwell, made a tour of inspection of medical schools. Their report secured wide publicity and the establishment of a public opinion that demanded higher standards of medical education. The low grade schools then began to disappear rapidly. Today there are 73 well standardized schools. It has been the pride of American Medicine that it always cleans its own house. The present high standards of our American Hospitals has been largely due to the work of this Council and that of the American College of Surgeons.

The Council on Pharmacy and Chemistry was established in 1910 and has accomplished much in the elimination of fake remedies and cures.

The Council on Health and Public Instruction, established in 1910, has duties pertaining to legislation, public health organization, public instruction, and defense of medical research. This department is now divided into two bureaus, that of Legal Medicine and Legislation and that of Health and Public Instruction. All of these services lead toward better medicine, better schools, and better doctors.

I have tried to enumerate the landmarks in the history of the American Medical Association, and to outline its outstanding accomplishments. I have done this in an attempt to enhance your appreciation of organized medicine. Physicians as a rule have less appreciation of the value of organization than the members of the other professions. In the large cities there is a tendency to break up in cliques and coteries which permit narrow interests to take precedence over those of a wider and public character. Jealousies and misunderstandings follow and often a feeling of panic springs up—a feeling of every man for himself. In the business world one may progress and sometimes succeed by the tactics of selfishness and independence, but it was never meant for the doctor to be that way. The power and influence of our medical organization is the only enduring protest against such destructive influences.

Not long ago, I heard a doctor remark that he did not give a damn for organized medicine, for it had never done anything for him. This man holds a position in a medical school. What kind of a school would he have to teach in were it not for the work accomplished by organized medicine? This man does considerable work in

the hospital. What kind of a hospital would he have to work in, were it not for the work of organized medicine? How would he enjoy his general practice if he had to compete with numerous quacks, medical charlatans, and fake remedies that have been suppressed by organized medicine? I think you will admit that organized medicine spreads its force of protection over the members of regular medicine for 24 hours a day! It is also a great protector to the public. An occasional doctor or group of doctors may jump over the fence and make some apparent success outside the organization; but American Medicine as a whole without the strong co-operation of its members, cannot progress.

It is customary for the outgoing president to outline plans for the future, and I might add that these plans are not usually carried out. As my experience as a doctor is somewhat limited, it is with some timidity that I submit any reforms. However, I am going to suggest three things which I believe would be good for medicine in this community. These things can be done.

Suggestion No. 1: Better attendance at our County Society meeting. Better attendance will bring about a stronger organization, better programs and better doctors. You know your county medical meeting is something like the church. If you go there in the right spirit you will come away benefitted. Some come on election night and on the night we select delegates for the state meeting. They are conspicuous by their absence the remainder of the year. Some would not think of missing a wrestling match to attend a society meeting. How can we improve this condition? I believe the answer is "better programs." I do not wish to disparage the work of the program committee of the past year. The papers presented have been as good or better than those of previous years. What I mean to say is that the new committee should make the scientific programs so interesting and instructive that our members cannot afford to stay away. Doctors outside the county will be attracted. If we could have an average attendance of 100 men at our meetings and could build a stronger spirit of co-operation and loyalty, I for one, would never worry about the interests of the doctors in this community.

Suggestion No. 2: We must preserve that close relationship between the patient and the

doctor. This is one of our greatest assets. We must strive to retain that respect and loyalty that is held for the family doctor. We have something here that need not be taken from us. Some say this is practically gone, but this is usually said by one who is not trying hard to preserve it. Perhaps this doctor is charging exorbitant fees or is a bit too mercenary in his dealings with his patients. These tactics are doing more than any other one thing to drive people into contract practice. The time has come when we must sit down and talk over the financial situation with our patients and charge them accordingly, if we are to retain that human interest between patient and doctor.

Suggestion No. 3: We must become doctors of preventative medicine and develop yearly examinations.

For the past 18 years I have been visiting a certain clinic in the North periodically. Upon my first visit, the major portion of their work consisted of surgery. Since that time they have constructed a 14-story clinic building, all floors of which are occupied by doctors, nurses and technicians, who have all the work they can do. They still do surgery, but an increasing proportion of their work consists of what might be called preventative medicine. People are going there from all parts of the United States and some from foreign countries for examinations and check-ups on their conditions. Many of these people are not going there because they are sick, but because they want to keep well. Quite a number are going there from this town annually for examination and advice. They are paying good fees for this service, but they come away satisfied. Now I do not mean to infer that we should build a 14-story building or a 1-story building. This work can be done in the humblest of offices. I think it requires a smarter doctor to tell one how to keep well than it does to tell one how to get well. We may sit still in the boat and let other agencies develop this work if we so desire; but at the end of five or six years, the insurance companies and public health agencies will have it in the bag.

There are more than 100,000 people in greater Little Rock; everyone needs a doctor. They need medical examinations, many need X-ray examinations, and some even need blood examinations. It seems to me that we have before us a fertile field from which we may increase our business and also our service to the community. Steps should be taken to educate our

people to the value of this work and to create a demand for it.

I think it would be a good plan for the society to prepare some literature setting forth the value of periodical examinations. This could be furnished to each member, to be placed in the waiting room so that the patients might read it. We see well over 1000 patients a day. It would not take long to spread the gospel. This additional work would help the man doing general work and every man doing his special work. It would be good business for us and it would be good business for those coming to us.

Our forefathers builded well when they started and developed our American Medical Association. I am proud to be a member of this society; we should all be proud of our membership in this Association. We should be proud of the accomplishments of American Medicine and strive to further its work. These men of the past saw the great need of organization. With the changing of our social structure, we may have to submit to some changes, but regardless of what is for us in the future, we must stand as an organized body. It is as important now as it was a century ago.

In conclusion I wish to say the benefits of organized medicine have been great in the past, they are great at present; their future depends upon ourselves. No business survives when the operators continually withdraw capital and profits and never make deposits. We must all contribute.

"As physicians practicing modern medicine, we should use every means that presents itself to further the preventive side of practice. One thing that might help is to advise patients coming in with vague or minor complaints to have a thorough examination. This can not rightfully be called a periodic health examination, but the same form can be used and the patient told of the importance of a similar examination some time in the future—the interval depending on the case and individual. Some of these patients will have a periodic health examination later—especially if defects were discovered of which they knew nothing."—Bulletin of the Columbus Academy of Medicine.

SARCOMA OF THE BREAST: CASE REPORT

RUTH ELLIS, M. D.

Fayetteville

The following case of sarcoma of the breast is presented because of the relative infrequency with which this condition occurs.

Sarcoma of the breast is usually the result of malignant change in an old adeno-fibroma and occurs in the same age range as carcinoma. Sarcoma, however, is more rapidly growing and produces greater enlargement than carcinoma. There is less involvement of the lymph nodes, but secondary growths are common in the lungs and other viscera. Sarcoma is less frequent in women who have borne children than those who have not.

Miss M. A., white, age 63, was first examined February 13, 1936. She stated the growth in her breast had been present since an injury to the right breast twelve years ago. It remained the size of a hen's egg until about three years ago when it began to grow enormously. It occasionally was painful, but the chief annoyance was its large size. The past history was negative except for "catarrhal fever" as a child. The patient passed through an uneventful menopause 10 years ago.

Physical examination revealed the right breast enlarged to about the size of a man's head. The veins were enlarged and the nipple retracted. The skin was freely movable and the irregular nodular mass could easily be separated from the chest wall. There were several enlarged glands in the axillary region. Findings were otherwise negative except for a loud systolic murmur over the precordium, accentuated at the mitral area. X-ray of the chest showed a metastatic involvement of the seventh rib near the sternum. Other laboratory findings were normal.

A simple amputation of the breast was performed. No axillary dissection was attempted because of the condition of the patient's heart. Only temporary relief was anticipated.

The post-operative course was uneventful and the wound healed well. At the end of eleven months the patient has had no further trouble. No deep x-ray therapy was used, either pre-operatively or postoperatively.

The microscopic study of sections of the tumor was made by Dr. Helen Ingleby, professor of pathology at the Woman's Medical College of Pennsylvania. The sections showed numbers of

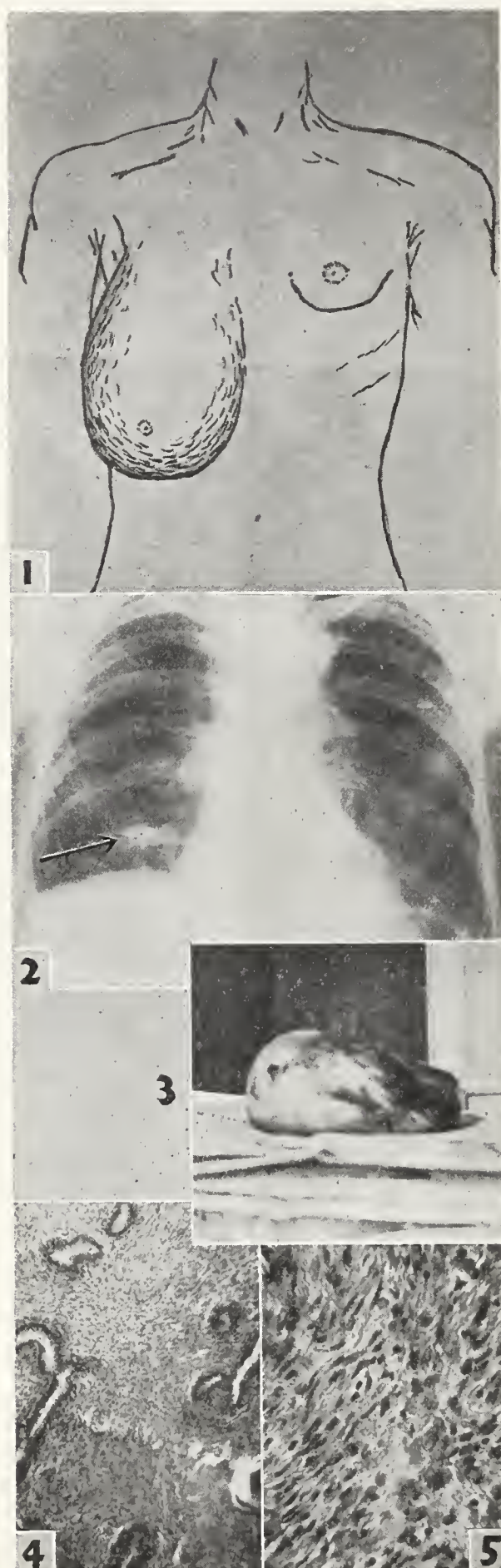


Fig. 1—Sketch showing relative enlargement of right breast. Fig. 2—Roentgenogram showing probable metastasis to seventh rib. Fig. 3—Gross specimen of tumor following amputation. Fig. 4—Section of tumor, low power. Fig. 5—Section of tumor, high power.

dilated ducts embedded in cellular tissue, resembling fibrous tissue. The fibrous tissue nuclei are both spindle shaped and ovoid. They are pale staining and when ovoid are large and tend to occur in clumps or nests. The spindle cells have a decided embryonic character in some areas. There is marked epithelial proliferation. In many areas there is a multiplication of ducts and hyperplasia of their lining membrane. At the edge of the tumor, the neoplastic condition is extending to the ducts and their surrounding connective tissue, so that the tumor is spreading beyond the limits of the capsule apparent in other areas. The breast tissue outside the tumor is scant and compressed, with an occasional slight hyperplasia of the lining cells. The histological appearance and behavior of the tumor correspond to adenocarcinoma of the breast described by Cutler and Cheate. The tumor probably began as fibroadenoma following injury.

Prognosis in general adheres to two rules:

1) In a breast of declining activity the sarcoma recurs locally less frequently, but there is generalized metastasis more often, the opposite of the recurrence in the active breast.

2 Prognosis is influenced by the histological composition. The longest duration of life is found in the giant cell form and shortest in the round cell form of sarcoma. Prognosis generally is better than in carcinoma of the breast.

COMING EXAMINATIONS

Special Boards

American Board of Dermatology and Syphilology: Written examination for Group B applicants will be held in various cities throughout the country on April 17. Oral examinations for Group A and B applicants will be held in Philadelphia, June 7-8. Sec., Dr. C. Guy Lane, 416 Marlboro St., Boston.

American Board of Orthopaedic Surgery: Philadelphia, June 12. Sec., Dr. Fremont A. Chandler, 6 N. Michigan Ave., Chicago.

American Board of Otolaryngology: Philadelphia, June 7-8. Sec., Dr. W. P. Wherry, 1500 Medical Arts Bldg., Omaha.

American Board of Pediatrics: Atlantic City, N. J., June 6, Sec., Dr. C. A. Aldrich, 723 Elm St., Winnetka, Illinois.

American Board of Psychiatry and Neurology: Philadelphia, June. Sec., Dr. Walter Freeman, 1028 Connecticut Ave., Washington, D. C.

American Board of Radiology: Atlantic City, N. J., June 4-6. Sec., Dr. Byrl R. Kirklin, Mayo Clinic, Rochester, Minn.

American Board of Urology: Oral examination. Minneapolis, June 25-26. Sec., Dr. Gilbert J. Thomas, 1009 Nicollet Ave., Minneapolis.

PRESIDENT'S PAGE

This is the last occasion on which I may express myself on this page and in the beginning I will ask that you give Dr. Johnson, our new President, the same fine support you have given me during my term of office.

It is needless to say to you that I am deeply grateful for having been selected as your President. During my term I have learned much that I should not have learned otherwise and this new knowledge will act as a "spur" to continued efforts for the Arkansas Medical Society on my part. I do not intend to retire with the feeling, "Well, I've been President and there is nothing else to do." On the other hand, I shall attempt to keep myself informed about the affairs of the Society so long as I live.

I would urge each of you to read the literature you have received concerning the agitation for Compulsory Health Insurance and so inform yourselves that you may be able to talk intelligently with your patients who, after all, are the ones to decide whether or not such a system is to become effective.

There is no doubt that the public may expect a barrage of propaganda to promote in this country a compulsory health insurance law patterned after the system in effect in Germany and other European nations and I will repeat what has been said before: "The only things we have gained by copying after European countries are the World War and the English Sparrow."

Under compulsory health insurance in Germany doctors are decreasing in number, while bureaucratic clerks and functionaries are increasing, and now outnumber the doctors. The practice of medicine there is a matter of paper work and an attempt to see as many patients as possible in as short a time as possible rather than a matter of doing good work for the individual patient. Germany is no different from many other foreign countries in this matter.

American doctors always have given and will continue to give the indigent good medical care without thought of remuneration.

The best of good fortune to all of you and heartfelt thanks for your co-operation with me.

GEO. B. FLETCHER.

THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published
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W. R. BROOKSHER, M. D., Editor

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CANCER CONTROL—D. W. Goldstein, Fort Smith, Chairman (1937); J. S. Stell, Hot Springs National Park (1939); M. J. Kilbury, Little Rock (1938).

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EDITORIAL

THE ANNUAL SESSION

This issue of The Journal contains the complete scientific program for the Sixty-second Annual Session of the Arkansas Medical Society to be held at the Marion Hotel, Little Rock, April 12th, 13th and 14th. The scientific session is indeed a well-balanced one presenting subjects of general interest to the membership by both guest speakers and members. The guest list has been well chosen from a broad range of the specialties and one feels that the session can well compare with the numerous clinical assemblies which have grown into vogue. The Society feels honored in that Charles Gordon Heyd, President, American Medical Association, will attend our meeting. Demands upon Dr. Heyd's time at this season are many and Arkansas is pleased that it has been chosen from the many state societies to receive an official visit from the ranking officer of organized American medicine. In addition to his address to the evening public session, Monday, April 12th, Dr. Heyd will present a scientific address to the opening general session, a presentation based upon his active experience as a surgeon. Other guest speakers who will greatly contribute to the scientific interest of the session are: Chas. B. S. Evans, Hollywood; B. R. Kirklin, Rochester, Minnesota; T. A. Watters, New Orleans; Roy R. Kracke, Emory University, Georgia; Harry W. Lyman, Saint Louis; Chas. H. Eyer mann, Saint Louis, and J. Hoy Sanford, Saint Louis. Governor Bailey has promised to address the public session, the first occasion upon which a Governor of Arkansas has appeared on one of our programs in several years.

The social activities of the session are being arranged in all completeness by the Pulaski County Medical Society as only this group can and the assurance is definitely offered of a good time between scientific sessions of the Society. A rather extensive Scientific Exhibit is in preparation affording those in attendance to visualize some of the advances of modern medicine.

The annual session of the Society is the most important affair of the Society; one its membership can ill afford to miss both from the standpoint of knowledge to be gained as well as from the pleasures of contact with his colleagues.

We will look for you at Little Rock!

COUNCILOR DISTRICT CHANGES

The widespread highway construction program in Arkansas has made new medical society associations in several sections. County medical societies formerly isolated into one geographical

unit because of railway facilities now find it more convenient to affiliate with another councilor district group due to highway transportation. The Council at the 1936 session recommended a study of the present councilor districts with a view to making such changes as may seem desirable. Tentative changes were suggested at the December meeting of the Council and will be referred to the House of Delegates for final action during the 1937 annual session. The suggested changes are:

First District—No changes.

Second District—To receive Stone County from the 9th district.

Third District—To transfer Lonoke County to the 8th district.

Fourth District—No changes.

Fifth District—No changes.

Sixth District—No changes.

Seventh District—To transfer Grant County to the 8th district and Scott County to the 10th district.

Eighth District—To transfer Johnson County to the 10th district and to receive Lonoke County from the 3rd, Grant County from the 7th and Van Buren County from the 9th.

Ninth District—To transfer Stone County to the 2nd district and Van Buren County to the 8th district, and to receive Madison County from the 10th district.

Tenth District—To transfer Madison County to the 9th district and to receive Scott County from the 7th district and Johnson County from the 8th district.

CANCER SOCIETY PROMOTES WOMEN'S FIELD ARMY

During the week of March 21 to March 27, women throughout the United States will have an opportunity to enlist in a new movement known as the Women's Field Army of the American Society for the Control of Cancer. The movement has received the endorsement of the Board of Trustees of the American Medical Association and is one to which physicians everywhere may lend their support. The object of the campaign is, of course, education of women regarding the nature of cancer, encouragement to periodic examination and enlistment of interest. Approximately 140,000 die each year in the United States from cancer. A considerable portion, perhaps even half, of these might have their lives prolonged if the condition came soon enough to the attention of a physician for suit-

able treatment. Since women suffer more from cancer than do men, and since the type of cancer that affects women, namely, cancer of the uterus and of the breast, is more certainly diagnosed in its early stages and more certainly treated than cancer as it affects men, this movement should have the definite effect of lowering the death rate from this disease. Women's clubs, the research workers throughout the nation, and many others are combining in this effort toward combating what is today the most feared of all disease. Yet the knowledge of it makes such fears unwarranted if intelligence is used in combating the disease. The Women's Field Army is a movement for extending education and, therefore, promoting intelligent action.

—J. A. M. A., Feb. 20, 1937.

In Arkansas the campaign of the Women's Field Army will be conducted the week of April 18th to 24th, this postponement having been decided upon because of flood conditions in eastern Arkansas. The movement will be under the direction of Mrs. W. F. Lake, Hot Springs National Park. County medical societies and the individual members of the Arkansas Medical Society are urged to lend all possible support to the furtherance of the knowledge of cancer.

EDITORIAL COMMENT

The Journal again calls the attention of the membership to the resolution adopted by the Society at the 1936 session and subsequently adopted by the House of Delegates at the Kansas City session of the American Medical Association declaring it unethical to participate in so-called medical directories. The Arkansas Medical Society pioneered the crusade against this racket and it is felt that Arkansas physicians should be the first to completely withdraw their support from these schemes. Denied the support of organized medicine, the promoters of these directories can but look for other fields in which they may entice the gullible. It has been rather conclusively shown that the placing of your name in one of these directories affords you naught but an opportunity to spend your money. The usual fee is ten dollars. For this fee, The Journal can with profit to you and to organized medicine in Arkansas, furnish a professional card in its advertising columns, which assures you that your money will be used for the improvement of your official Journal.

Preliminary Program and Announcements OF THE

SIXTY-SECOND ANNUAL SESSION OF THE

ARKANSAS MEDICAL SOCIETY

LITTLE ROCK

APRIL 12, 13, 14, 1937

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COUNCILORS AND COUNCILOR DISTRICTS

FIRST DISTRICT—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor, H. A. Stroud, Jonesboro. Term of office expires 1937.
SECOND DISTRICT—Clebune, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor, M. C. Hawkins, Jr., Searcy. Term of office expires 1938.
THIRD DISTRICT—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor, F. A. Corn, Jr. Term of office expires 1937.
FOURTH DISTRICT—Ashley, Bradley, Chicot, Cleveland, Drew, Desha, Jefferson and Lincoln counties. Councilor, C. W. Dixon, Gould. Term of office expires 1938.
FIFTH DISTRICT—Calhoun, Columbia, Dallas, LaFayette, Ouachita and Union Counties. Councilor, F. O. Mahony, El Dorado. Term of office expires 1937.
SIXTH DISTRICT—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, O. G. Hirst, Prescott. Term of office expires 1938.
SEVENTH DISTRICT—Clark, Garland, Grant, Hot Spring, Montgomery, Saline and Scott counties. Councilor, J. M. Proctor, Hot Springs National Park. Term of office expires 1937.
EIGHTH DISTRICT—Conway, Faulkner, Johnson, Perry, Pope, Pulaski and Yell counties. Councilor, S. B. Hinkle, Little Rock. Term of office expires 1938.
NINTH DISTRICT—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor, D. L. Owens, Harrison. Term of office expires 1937.
TENTH, DISTRICT—Benton, Crawford, Franklin, Logan, Madison, Sebastian and Washington counties. Councilor, S. J. Wolfermann, Fort Smith. Term of office expires 1938.

STANDING COMMITTEES

(Appointments expire with annual session of the year indicated.)

SCIENTIFIC WORK—R. B. Robins, Camden, Chairman (1939); L. L. Purifoy, El Dorado (1937); W. R. Brooksher, Fort Smith (1938).
MEDICAL LEGISLATION—Val Parmley, Little Rock, Chairman (1937); M. L. Norwood, Lockesburg (1937); O. L. Williamson, Marianna (1937); Euclid Smith, Hot Springs National Park (1939); Stanley M. Gates, Monticello (1939); A. S. Buchanan, Prescott (1938); R. M. Eubanks, Little Rock (1938).
HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Little Rock, Chairman (1937); S. W. Douglas, Eudora (1937); B. M. Stevenson, West Memphis (1937); J. B. Jameson, Camden (1939); B. L. Ware, Greenwood (1939); F. O. Mahony, El Dorado (1938); H. A. Higgins, Little Rock (1938).
MEDICAL EDUCATION AND HOSPITALS—W. G. Hodges, Malvern, Chairman (1939); Joe F. Shuffield, Little Rock (1937); R. T. Smith, Little Rock (1938).
PUBLIC RELATIONS—W. T. Wootton, Hot Springs National Park, Chairman (1939); D. A. Rhinehart, Little Rock (1937); Pat Murphey, Little Rock (1938).
MEDICAL ECONOMICS—A. C. Shipp, Little Rock, Chairman (1938); I. F. Jones, Fort Smith (1937); R. B. Robins, Camden (1937); W. Decker Smith, Texarkana (1939); A. F. Hoge, Fort Smith (1939); M. C. John, Stuttgart (1938); R. M. Blakely, Little Rock (1938).
SCIENTIFIC EXHIBIT—H. Fay H. Jones, Little Rock, Chairman (1938); Geo. V. Lewis, Little Rock (1939); W. E. Gray, Hot Springs National Park (1937).
AUXILIARY—Don Smith, Hope, Chairman (1939); L. F. Barrier, Little Rock (1938); C. S. Holt, Fort Smith (1937).

SPECIAL COMMITTEES

NECROLOGY—Thos. Douglas, Ozark, Chairman (1939); W. H. Mock, Prairie Grove (1938); H. Moulton, Fort Smith (1937).
CANCER CONTROL—D. W. Goldstein, Fort Smith, Chairman (1937); J. S. Stell, Hot Springs National Park (1939); M. J. Kilbury, Little Rock (1938).
MATERNAL WELFARE—S. A. Thompson, Camden, Chairman; E. H. White, Little Rock; S. B. Hinkle, Little Rock; J. T. Matthews, Heber Springs; J. O. Rush, Forrest

City; P. H. Phillips, Ashdown; J. H. Fowler, Harrison; H. C. Dorsey, Fort Smith; C. A. Archer, DeQueen.

POST-GRADUATE STUDY—D. A. Rhinehart, Little Rock, Chairman; Joe F. Shuffield, Little Rock; F. H. Krock, Fort Smith; H. S. Thatcher, Little Rock; B. L. Moore, El Dorado; E. E. Barlow, Dermott; R. B. Robins, Camden; A. S. Buchanan, Prescott; Roy Millard, Dardanelle; A. C. Watson, England; S. C. Fulmer, Little Rock; C. S. Moss, Hot Springs National Park; H. E. Mobley, Morrilton; J. A. Foltz, Fort Smith; E. J. Munn, El Dorado.

CONTROL OF SYPHILIS—Louie G. Martin, Hot Springs National Park; D. W. Goldstein, Fort Smith; Geo. F. Jackson, Little Rock.

LOCAL COMMITTEES

GENERAL CHAIRMAN—H. Fay H. Jones.

MEMORIAL SERVICE—Clyde Rodgers.

RECEPTION—F. O. Rogers, M. J. Kilbury, T. Duel Brown, H. W. Hundling.

ARRANGEMENTS FOR SCIENTIFIC SESSION—Joe Shuffield.

PUBLICITY—Bryce Cummins.

PRESIDENT'S RECEPTION, BANQUET AND DANCE—Harvey Shipp.

FLORAL DECORATIONS—Woman's Auxiliary.

ANNOUNCEMENTS

REGISTRATION

The registration desk will be located in the Marion Hotel and will be open from 8:00 a. m. to 5:00 p. m. Delegates are requested to register as early as possible, presenting credentials at time of registering. Members and visitors are also requested to register and receive the official badge and program.

MEETINGS OF THE COUNCIL

The Council of the Arkansas Medical Society, including the Past-presidents, will meet at noon each day in a private dining room of the Marion Hotel immediately following the adjournment of the morning sessions.

GOLF

The tournament for the Dewell Gann, Jr., cup will be conducted according to announcements made during the session. Each player is requested to bring his club handicap with him as the tournament will be played according to these official handicaps. Additional prizes will be offered for second, third and fourth places.

PROGRAM

HOUSE OF DELEGATES

First Meeting, Marion Hotel, April 12, 9:30 a. m.

Meeting called to Order by Geo. B. Fletcher, President. Calling Roll of Delegates.

Appointment of Credentials Committee.

Introduction of Fraternal Delegates.

Adoption of Minutes of the Sixty-first Annual Session as published in the June, 1936, issue of The Journal of the Arkansas Medical Society.

Appointment of Reference Committee.

President's Address to the House of Delegates.

REPORT OF COMMITTEES

SCIENTIFIC WORK—R. B. Robins, Chairman.

MEDICAL LEGISLATION—Val Parmley, Chairman.

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Chairman.

MEDICAL EDUCATION AND HOSPITALS—W. G. Hodges, Chairman.

PUBLIC RELATIONS—W. T. Wootton, Chairman.

MEDICAL ECONOMICS—A. C. Shipp, Chairman.

SCIENTIFIC EXHIBIT—H. Fay H. Jones, Chairman.

NECROLOGY—Thos. Douglass, Chairman.

CANCER CONTROL—D. W. Goldstein, Chairman.

ARRANGEMENTS—H. Fay H. Jones, Chairman.

MATERNAL WELFARE—S. A. Thompson, Chairman.

POST-GRADUATE STUDY—D. A. Rhinehart, Chairman.

AUXILIARY—Don Smith, Chairman.

CONTROL OF SYPHILIS—L. G. Martin.

REPORT OF THE COUNCIL—S. J. Wolfermann, Chairman.

REPORT OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY—A. S. Buchanan, Secretary.

REPORT OF DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION—W. H. Mock.

REPORT OF FRATERNAL DELEGATES.

REPORT OF COUNCIL—Hon. Peter A. Deisch.

REPORT OF THE TREASURER.

REPORT OF THE SECRETARY.

NEW BUSINESS—Proposed Amendments to the Constitution:

At the 1936 session of the Society held in Hot Springs National Park, the following amendments to the Constitution were proposed. They have been published in the December, 1936, and March, 1937, issues of The Journal of the Arkansas Medical Society according to the Constitution.

Proposed Amendment to Article IV, Section 2, of Constitution:

"Section 2. Active Membership. The active membership of this Society shall comprise all the active members of its component societies. Only such a person is eligible for active membership in a component society as (1) possesses the degree of Doctor of Medicine, issued by a medical college which at the time such degree was conferred was approved by the Council on Medical Education and Hospitals of the American Medical Association, and (2) holds also an unrevoked license to practice medicine and surgery issued by that board of medical examiners which consists of members recommended by this Society. The eligibility requirements set forth in the preceding sentences are not to apply, however, to members in good standing on any component society at the time of the adoption of this section."

Proposed Amendment to Chapter IX, Section 5, By-Laws:

"Section 5. Each county society shall judge of the qualifications of its own members; but, as such societies are the only portals to this Society and to the American Medical Association, every reputable physician who pos-

sesses the eligibility qualifications for membership required by Article IV, Section 2, of the Constitution of this Society, and who does not practice or claim to practice, nor lend his support to any exclusive system of medicine, shall be eligible to membership. No physician or surgeon who solicits patients or business for himself or for an association or other organization of which he is a member, or by which he is employed, or in which he is interested, shall be eligible for membership in this Society, and no physician or surgeon who works for, is employed by, or is interested in, any association or organization which solicits patients, members or business shall be eligible for membership in this Society. Any member of this Society who shall hereafter violate any of the provisions hereof shall be expelled from the Society. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member."

SELECTION OF THE NOMINATING COMMITTEE.

SELECTION TO FILL VACANCIES ON THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY. (Report to be made to the final General Session, April 14, 1937.)

Vacancies occur in the following Congressional Districts:

THIRD—Baxter, Benton, Boone, Carroll, Madison, Marion, Newton, Searcy, Van Buren and Washington counties. Present member, W. H. Mock, Prairie Grove, who is not eligible to reappointment, having served two terms.

SIXTH—Arkansas, Cleveland, Dallas, Desha, Drew, Garland, Grant, Hot Spring, Jefferson, Lincoln, Lonoke and Saline counties. Present member, W. T. Lowe, Pine Bluff, who is not eligible to reappointment, having served two terms.

SEVENTH—Ashley, Bradley, Calhoun, Chicot, Clark, Columbia, Hempstead, LaFayette, Nevada, Ouachita and Union counties. Present member, A. S. Buchanan, Prescott, who is not eligible to reappointment, having served two terms.

SCIENTIFIC SESSION

MONDAY, APRIL 12, 1:30 P. M.

CALLING THE SOCIETY TO ORDER—Geo. B. Fletcher, President.

INVOCATION—Rev. Calvin B. Waller, Second Baptist Church.

ADDRESS OF WELCOME—Hon. R. E. Overman, Mayor, Little Rock.

ADDRESS OF WELCOME ON BEHALF OF PULASKI COUNTY MEDICAL SOCIETY—Paul Mahoney, President.

RESPONSE ON BEHALF OF THE ARKANSAS MEDICAL SOCIETY—Don Smith, Hope.

President's Annual Address.

"The Recognition and Treatment of Peritonitis" (illustrated), Charles Gordon Heyd, President, American Medical Association, New York.

"Sterility," Charles B. S. Evans, Hollywood, California.

"Cholecystography as an Aid to Diagnosis," B. R. Kirklin, Head of Department of Roentgenology, Mayo Clinic, Rochester, Minnesota.

"Anxiety States," T. A. Watters, Assistant Professor of Psychiatry, Tulane University of Louisiana School of Medicine, New Orleans, Louisiana.

"The Medical Management of Gallbladder Disease," Charles T. Chamberlain, Fort Smith.

"The Surgical Treatment of Gallbladder Disease," A. F. Hoge, Fort Smith.

EVENING SESSION

8:00 P. M.

Public Session.

Little Rock Senior High School Auditorium

14th Street and Park Avenue.

CALLING MEETING TO ORDER—Paul Mahoney, President, Pulaski County Medical Society.

ORCHESTRA—Selections.

INVOCATION—Rev. John Williamson, Trinity Cathedral.

INTRODUCTION OF DISTINGUISHED GUESTS—Geo. B. Fletcher, President, Arkansas Medical Society.

ADDRESS—Hon. Carl E. Bailey, Governor of the State of Arkansas, "The Contribution of the Medical Profession to the Public."

ADDRESS—"Medical Service in the United States," Charles Gordon Heyd, President, American Medical Association, New York.

BENEDICTION—Msgr. John J. Healey, Our Lady of Good Counsel Church.

MEMORAL SESSION

TUESDAY, APRIL 13

CALLING THE MEETING TO ORDER—Geo. B. Fletcher, President.

INVOCATION—Rev. G. Gerald Sias, First Christian Church.

VOCAL SOLO—"O, Dry Those Tears," Riego—Mrs. Charles Eichenbaum, Jr.

ADDRESS—Thos. Douglass, Ozark.

VOCAL SELECTION—Kiwanis Quartet.

BENEDICTION—Rev. R. D. Adams, First Presbyterian Church.

IN MEMORIAM

James David Watts, Dumas, March 29, 1936.

Walter Monroe Matthews, Little Rock, May 2, 1936.

James Walter Walker, Fayetteville, May 4, 1936.

E. Burke Brown, Cotton Plant, May 6, 1936.

Wells Ferrin Smith, Little Rock, May 19, 1936.

William Terrell Fike, Warren, June 21, 1936.

Felix Melville Scott, Paragould, June 17, 1936.

Dee W. Kirby, Gurdon, July 17, 1936.

George Cohn, Piggott, July 23, 1936.

William Scafe Beaty, Poplar Grove, September 2, 1936.

Samuel Thomas Tapscott, Searcy, September 4, 1936.

Henry F. DeWolfe, Little Rock, September 4, 1936.

Gordon Hastings, Little Rock, September 14, 1936.

Edmond L. Hathcock, Locust Grove, September 25, 1936.

John Albert Burnett, Waldron, October 6, 1936.

James D. McKie, Vandale, October 14, 1936.

John M. Taylor, Mena, November 15, 1936.

Ellis L. Gibson, Alicia, November 23, 1936.

James Knox Smith, Texarkana, December 28, 1936.

Davis Ewing Evans, Harrison, January 10, 1937.

Joseph Griffin Waldrop, Hot Springs National Park, January 17, 1937.

Luke Parker, DeValls Bluff, January 21, 1937.

Horace Rudolph McCarroll, Walnut Ridge, March 4, 1937.

James M. Williams, Malvern, March 17, 1937.

SCIENTIFIC SESSION

TUESDAY, APRIL 13, 9:30 A. M.

- "Hypochondriasis," T. A. Watters, Assistant Professor of Psychiatry, Tulane University of Louisiana School of Medicine, New Orleans, Louisiana.
- "The Early Diagnosis of Cancer of the Stomach," B. R. Kirklin, Head of Department of Roentgenology, Mayo Clinic, Rochester, Minnesota.
- "Frigidity," Charles B. S. Evans, Hollywood, California.
- "Treatment of Anemias," Roy R. Kracke, Professor of Pathology and Bacteriology, Emory University School of Medicine, Emory University, Georgia.
- "History Taking in General Practice," S. W. Douglas, Eudora.
- "Selecting the Case for Cesarean Section," Fount Richardson, Fayetteville.
- "Conservative Surgical Treatment of Duodenal Ulcer," H. W. Hundling, Little Rock.

SECTION ON OPHTHALMOLOGY AND OTOLARNGOLOGY

TUESDAY, APRIL 13, 9:00 A. M.

- CHAIRMAN—H. Moulton, Fort Smith.
- SECRETARY—L. M. Henry, Fort Smith.
- "Vienna Half a Century Ago," Frank Vinsonhaler, Little Rock.
- "Trachoma," R. H. Huntington, Fayetteville.
- "Unusual Complication Following Caldwell-Luck Operation," T. E. Fuller, Texarkana.
- "Ocular Allergy," Raymond C. Cook, Little Rock.
Discussion opened by Alan Cazort, Little Rock, and J. C. Ogden, Fort Smith.
- "That Sphenoid Sinus," Robert Caldwell, Little Rock.
Discussion opened by O. H. King, Hot Springs National Park.
- "Lateral Sinus Thrombosis," H. W. Lyman, Associate Professor of Clinical Otolaryngology, Washington University School of Medicine, Saint Louis.
- Program to be followed by noon luncheon and round-table discussion.

SCIENTIFIC SESSION

TUESDAY, APRIL 13, 1:30 P. M.

- "The Role of Drugs in the Production of Agranulocytosis," Roy R. Kracke, Professor of Pathology and Bacteriology, Emory University School of Medicine, Emory University, Georgia.
- "Clinical Types of Mastoiditis," H. W. Lyman, Associate Professor of Clinical Otolaryngology, Washington University School of Medicine, Saint Louis.
- "The Applicability of Allergy to General Practice," Charles H. Eyermann, Saint Louis.
- "Control of Syphilis," D. W. Goldstein, Fort Smith.
- "Pre-Natal Care," I. Fulton Jones, Fort Smith.
- "Treatment of Puerperal Infections Following Childbirth and Abortions," R. C. Shanlever, Jonesboro.
- "The Upper Respiratory Infections in Relations to Chronic Pulmonary Disorders," Raymond T. Smith, Fort Smith.

EVENING

PRESIDENT'S RECEPTION
Hotel Marion, 8:00 P. M.

SCIENTIFIC SESSION

WEDNESDAY, APRIL 14, 8:30 A. M.

- "Cranio-cerebral Injuries," Harry Wilkins, Associate Professor of Neurosurgery, University of Oklahoma School of Medicine, Oklahoma City.
- "What the Practitioner Should Know About Urology," J. Hoy Sanford, Saint Louis.
- "Blood Transfusion" (motion picture), A. M. Elton, Newport.
- "Diarrhea in the Artificially Fed Baby," Robert Hood, Russellville.
- "Management of Abortions," E. H. White, Little Rock.

AFTERNOON SESSION

FINAL MEETING OF THE HOUSE OF DELEGATES

APRIL 14, 1:30 P. M.

- CALLING MEETING TO ORDER—Geo. B. Fletcher, President.
- ROLL CALL.
- REPORT OF NOMINATING COMMITTEE.
- ELECTION OF OFFICERS:
- President-Elect.
 - First Vice-President.
 - Second Vice-President.
 - Third Vice-President.
 - Secretary.
 - Treasurer.
 - Five Councilors.
 - Delegate to the A. M. A.
 - Alternate to the A. M. A.
- REPORT OF COMMITTEES.
- SELECTION OF PLACE OF NEXT MEETING.
- FURTHER NEW BUSINESS.
- ADJOURNMENT.

FINAL GENERAL SESSION

WEDNESDAY AFTERNOON, APRIL 14

(Immediately after adjournment of the House of Delegates)

- CALLING MEETING TO ORDER—Geo. B. Fletcher, President.
- UNFINISHED BUSINESS.
- REPORT OF THE REFERENCE COMMITTEE.
- PRESENTATION OF PRESIDENT O. J. T. JOHNSTON
- PRESENTATION OF PRESIDENT-ELECT.
- NEW BUSINESS.
- ADJOURNMENT SINE DIE.

PROCEEDINGS OF SOCIETIES

The Randolph-Lawrence County Medical Society was addressed at its February meeting by W. W. Hatcher, Imboden, "Diagnosis of Adult Type Tuberculosis," and J. C. Hughes, Hoxie, "Diagnosis of Childhood Type Tuberculosis."

CHAS. O. TIBBELS, Secretary.

The Independence County Medical Society was addressed February 8th by C. A. Churchill and L. T. Evans, "Influenzal Meningitis" and F. A. Gray, "Heart Disease." The session was preceded by dinner at the Hotel Marvin.

The Tri-County Clinical Society was addressed at its February 25th meeting in Hope by Clyde Rodgers, Little Rock, "Care During Pregnancy"; T. Duel Brown, Little Rock, "Renal Abnormalities" and J. W. Branch, Hope, "Case Report."

Announcement is made that the Arkansas State Pediatric Society will meet in the Herman Kahn Room at the Hotel Marion, Little Rock, April 12th at 10:00 a. m. for its annual session. In addition to a paper by some outstanding speaker on "Summer Diarrhea," Dr. W. Meyers Smith will present "The State's Interest in Child and Maternal Welfare." The scientific program will be followed by a luncheon and round table discussion.

The staff of the Arkansas Tuberculosis Sanatorium presented the program before the Sebastian County Medical Society at Fort Smith, March 9th. Speakers were: R. R. Nowlin, "Cancer of the Lung;" J. J. Willingham, "Management of the Positive Reactor of Tuberculosis;" W. O. Arnold, "Differential Diagnosis of Tuberculosis;" C. Ray Williams, "Bilateral Pneumothorax," and J. D. Riley, "Clinical Activity in Tuberculosis."

L. M. HENRY, Secretary.

The Miller-Bowie Counties Medical Society was addressed in February by Geo. F. Jackson, Little Rock, "Skin Diseases," and F. Walter Carruthers, Texarkana, "Fractures."

The Benton County Medical Society met in dinner session at Siloam Springs March 11th. Raymond T. Smith, Fort Smith, addressed the society on "Endoscopy in Medicine Today."

GEO. M. LOVE, Secretary.

J. W. Amis, C. T. Chamberlain, F. H. Krock, Ralph Weddington and H. H. Smith of Fort Smith attended the New Orleans Clinics during March.

PERSONALS AND NEWS ITEMS

F. O. Mahony, El Dorado, and M. E. McCaskill, Little Rock, have been elected President and Vice-president, respectively, of the State Board of Health.

F. H. Krock, Fort Smith, has been elected Chairman of the Sebastian County Red Cross Chapter.

A. C. Watson, England, has been appointed superintendent of the Benton farm colony of the State Hospital.

C. J. Steed has been elected governor of the Gurdon Board of Trade.

Ira Ellis, Monette, and W. C. Overstreet, Jonesboro, recently addressed the Jonesboro Lions Club.

J. E. McMahan, Conway, is improving from injuries sustained in an automobile accident.

C. W. Dixon, Gould, has recovered from a major surgical operation.

President-elect Johnston has recovered from pneumonia.

J. A. Summers, Little Rock, and B. M. Stevenson, West Memphis, have been selected to take the three month's postgraduate course in public health at Vanderbilt University by the State Board of Health.

A. G. Henderson, Imboden, an honorary member of the Society, spent a month's vacation in Miami.

The following medical directors of county health units were assigned to flood emergency relief work in eastern Arkansas; R. E. Schirmer, Blytheville; M. B. Owens, Newport; B. M. Stevenson, West Memphis; W. A. Winter, Forrest City; F. S. Dozier, Clarendon; W. B. Bruce, Helena, and S. W. Chambers, Monticello. Other physicians assigned by the State Board of Health to this duty were: John Smith, Morrilton; W. Myers Smith, Little Rock; W. P. Scarlett, Morrilton; J. A. Summers, Little Rock; M. T. Smith, Conway; A. B. Tate, Russellville; J. K. Grace, Arkadelphia, and R. C. Kennerly, Camden.

The Davis Hospital Staff, Pine Bluff, has elected the following officers: President, Virgil Payne; Vice-president, C. B. Capel, and Secretary, Ross Maynard.

The following medical officers of the Arkansas National Guard served on flood relief duty in eastern Arkansas: Major Howell Brewer, Capt. O. J. MacLaughlin, Hot Springs National Park; Capt. Hugh C. Brooke, Conway; Capt. H. K. Carrington, Magnolia; Capt. Stanley M. Gates, Monticello; Capt. P. E. Thomas, Little Rock; Capt. J. T. Matthews, Heber Springs; 1st Lt. N. C. Hodge, Marianna, and 1st Lt. Fount Richardson, Fayetteville.

R. C. Kennerly, Camden, recently addressed the Ouachita County Tuberculosis Association.

Dr. John Smith, Morrilton, Secretary-at-large for the 1932 class of the University of Arkansas School of Medicine announces that a reunion luncheon of the class will be held on the second day of the coming state meeting at the Marion Hotel.

Val Parmley, Little Rock, discussed Frank H. Krusen's address "Physical Therapy in Fibrositis" at the session of the Midwestern and Southern Sections of the American Congress of Physical Therapy March 9th in Saint Louis.

M. F. Lautman, Hot Springs National Park, addressed the Midwestern and Southern Sections of the American Congress of Physical Therapy at Saint Louis March 9th on "Present Status of the Management of Arthritis."

D. A. Rhinehart addressed the Little Rock Federation of Women's Clubs March 23rd on "The Control of Cancer."

S. A. Thompson, Camden, has been appointed a trustee of the Henderson State Teachers College.

Paul Mahoney recently addressed the Little Rock High School students on "Respiratory Infections."

H. Fay H. Jones, Little Rock, has been appointed a member of the credentials committee of The American Board of Urology.

Paul Mahoney, Little Rock, spent a week in postgraduate study of bronchoscopy with Dr. Louis Clerf in Philadelphia during March.

The following have been appointed members of the State Tuberculosis Sanatorium Board: J. M. Hooper, Batesville, and M. C. John, Stuttgart.

OBITUARY

ERNEST GLYNDON EPLER, aged 76 years, died in a Fort Smith hospital February 22nd after an illness of five weeks. Born in Illinois, Dr. Epler graduated in medicine from Northwestern University School of Medicine in 1883 and practiced in Fort Smith until the time of his retirement in 1928. Since retiring from active practice he had resided on a farm at Lone, Arkansas. He was a member of St. John's Episcopal Church and of the Masonic Lodge of Fort Smith, and was an honorary member of the Sebastian County and of the Arkansas Medical Society. Surviving relatives are his wife and a daughter.

HORACE RUDOLPH McCARROLL, aged 65 years, died at San Antonio March 4th of an illness which had lasted for several months. Born at Denton, August 25, 1871, Dr. McCarroll secured his early education in the schools of Lawrence county and later studied at LaCross Academy. Following his marriage December 13, 1899, to Miss Pearl Henry, he taught school for several terms and then entered the Memphis Hospital Medical College where he graduated in 1903. He then engaged in the practice of medicine at Walnut Ridge continuing until his retirement in the fall of 1936. He had served as President and as Secretary of the Lawrence County Medical Society and was active in organized medicine throughout his professional life. Surviving are his wife and six children, two of whom are physicians, Drs. William H. McCarroll and H. Relton McCarroll of San Antonio.

JAMES M. WILLIAMS, aged 82, died at his home in Malvern March 17th after an illness of several weeks. A graduate of Memphis Hospital Medical College in 1895, Dr. Williams had practiced in Malvern and Hot Spring county for over fifty years. He was an active worker in the Masonic Lodge. Surviving relatives are his wife and two sons.

PRELIMINARY PROGRAM
WOMAN'S AUXILIARY
 TO THE
ARKANSAS MEDICAL SOCIETY
THIRTEENTH ANNUAL MEETING
LITTLE ROCK, ARKANSAS
HEADQUARTERS: MARION HOTEL

OFFICERS

PRESIDENT—Mrs. J. T. McLain, Gurdon.
 PRESIDENT-ELECT—Mrs. Curtis Jones, Benton.
 FIRST VICE-PRESIDENT—Mrs. W. E. Gray, Jr., Hot Springs.
 SECOND VICE-PRESIDENT—Mrs. C. E. Kitchens, DeQueen.
 THIRD VICE-PRESIDENT—Mrs. J. B. Crawford, El Dorado.
 FOURTH VICE-PRESIDENT—Mrs. L. J. Kosminsky, Texarkana.
 SECRETARY—Mrs. S. C. Fulmer, Little Rock.
 TREASURER—Mrs. Loyce Hathcock, Fayetteville.
 PUBLICITY SECRETARY—Mrs. H. E. Murry, Texarkana.
 PARLIAMENTARIAN—Mrs. M. J. Kilbury, Little Rock.
 HISTORIAN—Mrs. C. W. Garrison, Little Rock.

COUNCILORS

Mrs. Wm. Hibbitts, Texarkana.
 Mrs. B. A. Rhinehart, Little Rock.
 Mrs. P. H. Phillips, Ashdown.
 Mrs. W. R. Brooksher, Fort Smith.
 Mrs. Marcus T. Smith, Conway.

ADVISORY BOARD

Dr. Don Smith, Hope.
 Dr. L. F. Barrier, Little Rock.
 Dr. C. S. Holt, Fort Smith.

COMMITTEE CHAIRMEN

ORGANIZATION—Mrs. W. E. Gray, Jr., Hot Springs.
 EDUCATION AND PUBLIC HEALTH—Mrs. C. E. Kitchens, DeQueen.
 ILSE F. OATES LOAN FUND—Mrs. Chas. E. Oates, Little Rock.
 HYGEIA—Mrs. L. J. Kosminsky, Texarkana.
 PUBLIC RELATIONS—Mrs. J. B. Crawford, El Dorado.
 CONSTITUTION AND BY-LAWS—Mrs. S. A. Collom, Texarkana.
 MEMORIAL—Mrs. R. C. Kory, Little Rock.
 FINANCE—Mrs. S. J. Wolfermann, Fort Smith.
 EXHIBITS—Mrs. D. W. Goldstein, Fort Smith.
 PHYSICAL HEALTH EXAMINATION—Mrs. H. T. Smith, McGehee.
 ARCHIVES—Mrs. C. K. Townsend, Arkadelphia.

DISTRICT COUNCILORS

FIRST—Mrs. F. H. Jones, Piggott.*
 SECOND—Mrs. O. J. T. Johnston, Batesville.
 THIRD—Mrs. T. J. Porter, Hazen.
 FOURTH—Mrs. Chas. Dixon, Gould.
 FIFTH—Mrs. J. B. Wharton, El Dorado.
 SIXTH—Mrs. P. H. Phillips, Ashdown.
 SEVENTH—Mrs. J. M. Proctor, Hot Springs.
 EIGHTH—Mrs. Marcus T. Smith, Conway.
 NINTH—Mrs. D. K. McCurry, Green Forest.
 TENTH—Mrs. Eugene Stevenson, Fort Smith.

PROGRAM

MONDAY, APRIL 12, 1937

9:00 A. M.—REGISTRATION.
 10:00 A. M.—EXECUTIVE BOARD MEETING.
 12:00 M.—COUNTY PRESIDENTS' LUNCHEON.

GENERAL SESSION

2:00 P. M.—OPENING OF MEETING—Mrs. R. C. Kory, President Pulaski County Auxiliary.
 INVOCATION—Rev. Calvin B. Waller, Second Baptist Church.
 ADDRESS OF WELCOME—Mrs. Bryce Cummins, Little Rock.
 RESPONSE TO ADDRESS OF WELCOME—Mrs. George Fletcher, Hot Springs.
 INTRODUCTION OF STATE PRESIDENT—Mrs. J. T. McLain.
 INTRODUCTION OF MISS ERLE CHAMBERS, Executive Secretary, Arkansas Tuberculosis Association, Little Rock.
 REPORTS OF OFFICERS.
 REPORTS OF COMMITTEE CHAIRMEN.
 REPORT OF A. M. A. AUXILIARY CONVENTION—Mrs. O. J. T. Johnston, Batesville.
 REPORTS OF SOUTHERN MEDICAL AUXILIARY CONVENTION—Mrs. K. W. Cosgrove, Little Rock.
 REPORT OF ENTERTAINMENT COMMITTEE.
 REPORT OF REGISTRATION COMMITTEE.
 4:00-6:00 P. M. TEA—At home of Mrs. Frank O. Rogers, 400 West 18th Street.

MONDAY EVENING

Little Rock Senior High School Auditorium

8:00 P. M.—Open Meeting with Arkansas Medical Society.

TUESDAY, APRIL 13, 1937

8:00 A. M.

Memorial Service

Joint session with the Arkansas Medical Society.
 Mrs. R. C. Kory, Little Rock,
 Chairman Memorial Committee.

IN MEMORIAM

Hazel Van Buskirk Rhinehart, Little Rock, August 19, 1936.
 Carolyn Allen Jones, Piggott, February 23, 1937.

*Deceased.

GENERAL SESSION

9:30 A. M.—BUSINESS SESSION—Mrs. J. T. McLain, Presiding.

INVOCATION—The Very Rev. Dean Williamson, Trinity Cathedral, Little Rock.

ADDRESS—Dr. George B. Fletcher, President, Arkansas Medical Society.

READING AND APPROVAL OF MINUTES.
REPORT OF COUNTY PRESIDENTS.

REPORT OF REGISTRATION AND CREDENTIAL COMMITTEE.

REPORT OF RESOLUTION COMMITTEE.
REPORT OF NOMINATING COMMITTEE.
ELECTION OF OFFICERS.

1:00 P. M.—LUNCHEON—Concordia Country Club.

TOASTMASTER—Mrs. R. C. Kory.

INTRODUCTION OF PAST PRESIDENTS.

INTRODUCTION OF VISITORS.

PRESIDENT'S ADDRESS—Mrs. J. T. McLain.

INSTALLATION OF OFFICERS.

INCOMING PRESIDENT'S ADDRESS—Mrs. Curtis Jones, Benton.

3:30 P. M.—POST-CONVENTION BOARD MEETING—Mrs. Curtis Jones, Presiding.

EVENING SESSION**PRESIDENT'S RECEPTION**

Marion Hotel, 8:00 P. M.

WEDNESDAY, APRIL 28

10:00 A. M.—DRIVE OVER CITY.

GOLF TOURNAMENT.

CONVENTION COMMITTEES

General Chairmen:

Mrs. Val Parmley Mrs. W. F. Smith

LUNCHEON

Chairmen:

Mrs. A. W. Strauss Mrs. H. Fay Jones
Mrs. Hoyt R. Allen Mrs. R. M. Eubanks

TEA

Chairmen:

Mrs. Frank O. Rogers Mrs. B. A. Rhinehart
Mrs. Homer Scott Mrs. K. W. Cosgrove

BOARD LUNCHEON

Chairmen:

Mrs. C. E. Oates Mrs. A. C. Kolb
Mrs. N. W. Riegler

REGISTRATION

Chairmen:

Mrs. A. C. Shipp Mrs. Geo. F. Jackson
Mrs. N. W. Riegler Mrs. D. T. Hyatt
Mrs. Donald Hayes

MUSIC

Chairmen:

Mrs. W. R. Richardson Mrs. M. L. Sadler
Mrs. A. F. Pirnique Mrs. Pat Murphey

PUBLICITY

Chairmen:

Mrs. B. A. Rhinehart Mrs. H. W. Hundling

TRANSPORTATION

Chairmen:

Mrs. C. W. Garrison Mrs. M. E. McCaskill
Mrs. J. C. Cunningham Mrs. W. L. Sadler
Mrs. H. Thatcher Mrs. Paul Mahoney
Mrs. Homer Higgins Mrs. E. H. White
Mrs. W. R. Bathurst

DECORATING

Chairmen:

Mrs. M. J. Kilbury Mrs. Bryce Cummins
Mrs. S. C. Fulmer Mrs. Val Parmley

COUNTY PRESIDENTS

Arkansas—Mrs. M. C. John, Stuttgart.

Clark, Nevada, Hempstead—Mrs. D. A. Dickerson, Gurdon.

Cross—Mrs. Austin Barr, Cherry Valley.

Crittenden—Mrs. J. H. Matthews, Earle.

Garland—Mrs. H. King Wade, Hot Springs.

Faulkner—Mrs. L. S. Dunaway, Conway.

Independence—Mrs. Calvin Churchill, Batesville.

Johnson—Mrs. E. H. Hunt, Clarksville.

Lawrence—Mrs. J. C. Land, Walnut Ridge.

Lonoke-Prairie—Mrs. T. G. Porter, Hazen.

Miller—Mrs. Albert Mann, Texarkana.

Ninth Councilor District—Mrs. A. L. Carter, Berryville.

Ouachita—Mrs. S. A. Thompson, Camden.

Pulaski—Mrs. R. C. Kory, Little Rock.

Saline—Mrs. Curtis Jones, Benton.

Sebastian—Mrs. S. J. Wolfermann, Fort Smith.

Southeast Arkansas—Mrs. M. C. Crandall, Wilmot.

Sevier—Mrs. R. C. Dickinson, Horatio.

Union—Mrs. J. B. Crawford, El Dorado.

Washington—Mrs. Fount Richardson, Fayetteville.

AUXILIARY NEWS

The Auxiliary to the Arkansas Medical Society will meet April 12-14, Mrs. R. C. Kory, chairman of the Nominating Committee, reports. Mrs. Robert E. Fitzgerald, of Wauwatosa, Wis., President of the American Medical Association Auxiliary, has been invited to speak. Other proposed events include an open meeting, in which members of the Arkansas Medical Society will join the Auxiliary, a luncheon at the Concordia Club and a banquet. Arrangements are in charge of Mrs. Val Parmley, Mrs. W. F. Smith and Mrs. R. C. Kory.

At a recent meeting at the Albert Pike Hotel, Dr. Frank Vinsonhaler spoke in favor of the proposed state charity hospital. Reports were heard from Mrs. Curtiss Jones of Benton; Mrs. W. E. Gray, Jr., of Hot Springs National Park; Mrs. C. E. Kitchens, Mrs. C. E. Oates, and Mrs. Kory. Mrs. J. T. McLain of Gurdon, State President, presided.

The Woman's Auxiliary to the Bowie and Miller Counties Medical Society held an afternoon meeting recently with Mrs. C. E. Kitchens, Texarkana. Mrs. A. W. Roberts, Texarkana, and Mrs. P. H. Phillips, Ashdown, were co-hostesses.

Mrs. Albert Mann presided. Mrs. L. H. Lanier was

program chairman, and presented Miss Helen Nix who spoke on "Congo Crosses," a book review.

Mrs. J. T. Robison, chairman of the nominating committee, presented the following slate of officers which was adopted unanimously: President, Mrs. N. B. Daniels; president-elect, Mrs. Roy Basket; vice-president, Mrs. S. A. Collom; second vice-president, Mrs. L. J. Kosminsky; third vice-president, Mrs. H. E. Longino; fourth vice-president, Mrs. T. E. Fuller; recording secretary, Mrs. Joe Tyson; treasurer, Mrs. R. R. Robins; corresponding secretary, Mrs. R. C. Cross; historian, Mrs. E. M. Watts; publicity, Mrs. H. C. Harrell; parliamentarian, Mrs. P. H. Phillips.

Mrs. William Hibbitts poured tea from an attractive tea table.

Members of the Independence County Medical Auxiliary enjoyed a delightful social event Monday evening when they were entertained at a lovely dinner and theatre party.

Mrs. R. C. Dorr and Mrs. J. H. Kennerly were hostesses at the dinner given at the Barnett Hotel. Guests were seated at one long table which was beautifully decorated in the colors of red and white. An arrangement of spring flowers in a crystal bowl centered the table and tall red tapers in low crystal candelabra burned at either end of the table.

Besides the hostesses, places were marked for Mesdames O. J. T. Johnson, Calvin A. Churchill, L. T. Evans, T. N. Rodman, Victoria Saylor, Esther Sims Robinson, Frank A. Gray, C. G. Hinkle, Miss Sallie Crow and Miss Mary Beard.

A delicious three-course dinner was served, after which the guests enjoyed the showing of "College Holiday."

The Woman's Auxiliary to the Pulaski County Medical Society met at luncheon in February in the University Medical School. Hostesses were, Mrs. D. M. Switzer, Mrs. J. A. Summers, Mrs. W. B. Grayson, Mrs. A. L. Saxon and Mrs. G. A. McCormack.

Dr. M. J. Kilbury, president of the Pulaski County Medical Society, and Mrs. J. T. McLain, president of the Arkansas State Auxiliary, addressed the meeting.

Officers were elected and delegates to the state convention were appointed at a luncheon meeting of the Sebastian County Medical Society Auxiliary at the Woman's clubhouse March 8th.

Mrs. J. S. Southard was elected president to succeed Mrs. S. J. Wolfermann, who will become vice-president of the auxiliary. Other officers named were Mrs. E. C. Moulton, secretary, and Mrs. C. S. Bungart, treasurer.

The delegates to the state convention, which will be held in Little Rock April 12, 13 and 14, are Mrs. Southard and Mrs. W. R. Brooksher. Mrs. Wolfermann, by virtue of her office, is a delegate. Alternates will be appointed later.

Present for Monday's meeting were Mrs. Wolfermann, Mrs. Raymond T. Smith, Mrs. B. B. Bruce, Alma; Mrs. Moulton, Mrs. Brooksher, Mrs. M. E. Foster, Mrs. C. S. Means, Mrs. I. Fulton Jones, Mrs. B. L. Ware, Greenwood; Mrs. C. W. Hall, Greenwood, and Mrs. C. S. Bungart.

MRS. W. F. ROSE, Publicity Chairman,
Sebastian County Medical Society Auxiliary.

HAROLD G. F. EDWARDS, M. D., F. A. C. P.

RADIUM AND X-RAY CLINIC

Prevention, Diagnosis and Treatment

CANCER

The diagnosis of CANCER has reached a stage of development in which a biopsy must be employed in a large percentage of cases to confirm the clinical findings. Three methods of treating CANCER are recognized—RADIUM, X-RAYS and SURGERY. The method or combination of methods to be selected after study of the case. Knowledge of all three is necessary in order that the patient receive the best attention.

Radium and Radon in quantities sufficient for all types of treatment. Modern Coutard method of protracted High voltage X-ray treatments.

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No. 12

MODERN MEDICAL ORGANIZATION*

MAC F. CAHAL†
Chicago

The modern county or state medical society, if it is to be of positive benefit to its members, must place itself in a position to cope with those forces that are showing their effect upon private medical practice.

In this paper I shall discuss some of the problems and trends that face the profession of medicine—first those problems that are economic or social in origin, those that concern the medical man's relationship to the public—and second, those problems that are political in nature. Finally, I shall suggest what I think are some desirable steps that should be taken by an aroused, enlightened, and organized profession to forestall the baneful effect of these trends.

I think of the profession of medicine in much the same way that I do a public utilities company. Both have a necessary service to offer. Both try to collect a fair fee for this service. Both have fought for many years the danger of governmental dictation. Both suffer from public condemnation. You understand and are daily reminded that a layman neglects to appreciate the tremendous service you are giving him when you immunize his child against diphtheria for five or six dollars. Did it ever occur to you that the electric light, natural gas, and the telephone are likewise underestimated in the part they play in alleviating human suffering and in the saving of dollars and cents?

These problems that faced the public utilities companies when they were born within the last few decades are peculiarly the same that have faced the profession of medicine ever since the days it was rescued from the dark ages of scientific oblivion and launched upon a career of progress and advancement that is unequaled in any other profession or vocation. In the first

place, they were accused of being robbers because they charged too high a fee for this underestimated service they offered the public. In the second place, they were the target for a lot of zealous legislators who wanted to place them under control of the government.

Now, how did the public utilities companies meet these problems? In the very beginning, they realized that their problems arose in a misguided public mind. They knew that their efforts in protecting themselves must be directed towards that mysterious thing called the mass mind. So they employed men known as public relations counsels to work upon that plastic public mind with the deftness they had acquired through study and training and which enabled them to mould it into a favorable attitude towards the utilities. Next, they were represented at every state and at the national legislative body, to head off harmful legislation.

These public relations men were aware of the fact that the one most powerful medium available in the forming of public concepts was the daily newspaper. So they spent millions in advertising, and by so doing they were able to influence editors to slightly color the news, to suppress unfavorable comments and to play up the favorable ones. They sought out key men, men whose goodwill would carry with it the goodwill of an important social or political group, and succeeded in getting them to support the case of the utilities.

Now it is true that right now the utilities are suffering from governmental meddling that has mortally wounded them. But they are still fighting, and if they hadn't fought all the time, they would by this time have fallen into the trap of governmental operation—not government control, but government operation.

It is to the discredit of the utilities that their public relations representatives used certain unscrupulous methods to protect their industry, and this is today reacting to their disadvantage. They have let whiskey play too large a part in

† Executive Secretary, Inter-Society Radiological Committee, formerly Executive Secretary Sedgwick County Medical Society, Wichita.

* Read before the Second Annual Conference of County Medical Society Secretaries in Arkansas, Little Rock, January 5, 1937.

their work. At every press meeting and at every legislature they have been on hand with cases of good bonded whiskey. With the somewhat questionable piousness of the recently reformed, ethical newsmen and publishers have begun to ask if a worthy cause must be supported by such methods.

And right here is the difference between their problem and ours. Medicine is on the right side. Anything that is done to foster the cause of medicine will ultimately react to the benefit of the people. Logic is on the side of the profession. So our attempts to protect and foster the practice of medicine need not be accompanied by the slightly dishonest practices employed by the utilities. All we need to do is to go to the trouble of setting forth the cause of medicine, and this is something that has never yet been done. All the reams that have been written and published about the arguments in favor of the profession have been published in medical journals and mediums that reach only the people who already know it.

Now there are certain facts in connection with these principles that the medical man must understand. He must first recognize the fact that the problems that confront the profession come from the public. It follows then that their remedy must be directed at the man in the street. He must recognize that there are certain proven methods to follow in reaching this man in the street. And he must realize that an attitude of quiescence is dangerous to his noble profession. No matter how right you are, if you don't convince the public that you are right, and if you don't convince the lawmaker that you are right, then you will be the loser.

You are all familiar with the problems as they exist, of patients who annoy you with distorted notions about medicine, of ignoramuses who cling to the mysticism of quackery, of exasperating stories in the daily news, and of the disregard of the lawmaker for the welfare of the profession and the consequent health of the people. I don't intend to discuss the etiology and the symptoms of our problems. You are all familiar with the etiology and the symptoms, with the veterans hospital program, with the crippled children's law, with unsound insurance and group plans that provide an adulterated and inferior type of medical service, with dictatorial insurance companies under workmen's compensation acts, with the chiropractic and osteopathic laws that have opened the back door of this serious business of dealing with human life to all kinds

of half-baked pseudo-scientists. You hear laymen say that doctors are highway robbers, that they perform unnecessary operations, and that they fail miserably in saving human life because of their greed and their trust-supported code of ethics.

Now, I am constantly reminded by doctors that one of the first steps we must take is to clean up the profession itself. I am frequently warned that nothing can be accomplished in strengthening the position of medicine until our own house is cleaned. Perhaps that is, to a certain extent, true. But I maintain that it is overestimated. It is true that we still have some Cagliostros in our midst, but it is one of the brightest stars in the doctor's crown that he has continually and persistently sought to raise the standards and the quality of the men who enter his profession. After all, the medical profession is made up of ordinary men and if the medical profession has certain weeds to remove from its garden of flowers I doubt if the proportion is as great as that in the clergy. I don't mean to blaspheme that noble calling, the clergy, but of all the professions, medicine is indubitably the most honorable and upright today. Medical science, despite the relentless opposition of the Lord God Jehovah, has increased the average expectancy of life by 33 years, in little more than a generation. I doubt if the clergy has decreased the population of Hell to the same degree and I know that the legal profession has not decreased the population of our jails in that proportion.

Now, the question is, what can we do about this unhappy state of affairs in which medicine finds itself?

It was Plato who related the allegory of the men in the caves whose only conception of the outer world was gained from shadows upon the wall. We must not be content with cursing the shadows upon the wall, we must reach out and stare the problems squarely in the face. We must study State Medicine, Social Insurance, the Cults, the unfriendly laws, and the collection problem. And then we must go about the business of tackling them. We must exert strong pressure to protect the profession from paternalism, quackery, and middleman meddling.

We need have no fear about the scientific side of medicine. There is little criticism about its scientific progress. The trouble comes in the delivery of this science to the public. And so again, the problems are not within the profession, they are social and economic problems.

One of the greatest encroachments upon the domain of the private practitioner has been from the public health departments of our government. Today one in every 20 men is on the government payroll and 20 per cent of all physicians are on a salary basis. I think it would be better if the profession would so organize itself as to assume the duties of public health now being executed by the public health department. Medical men discovered the preventive measures—then I say, let them also deliver them.

The field of preventive medicine provides, I believe, the real answer of the profession to the demand for state medicine. If the private practitioner, through his county medical society, will set up his own machinery to deliver prevention and force it upon the public as the public health agents do, then the reformers can no longer charge that he is falling down in the protection of the people's health.

This leads us now to a consideration of the political problems of medicine. A discussion of this interesting, profound, and somewhat obscure question is really a subject for another paper. Briefly, however, I wish to mention some of the contemporary manifestations of coercive nationalism and describe the part they play in complicating the medical problem.

Today a popular slogan has caught the fancy of the herd mind in America. It is, "Social Security." The average man reads his single daily newspaper—he does not dare read two for fear it might confuse his thinking with contradictory facts—and then sallies forth with all the assurance of the most assiduous scholar to talk about Social Security. He never for a moment goes to the trouble of investigating to find out what experiments in social security plans have produced in other countries. Social security is a fine phrase that someone else has thought about and everybody is talking about. That's good enough for him.

Now the idea of social security is not a new idea and it is not in any sense original with the New Deal or with Americans. The theory of social security as an economic program to be administered by the State is an old instrument of political science. The first law creating social insurance was introduced by Bismark, the Iron Chancellor of Germany, in 1883.

All kinds of state insurance are presumably provided for the benefit of the working man. That is the reason advanced by Bismark when he enacted the first social insurance law, that is

the avowed reason advanced by David Lloyd George when he secured the passage of social insurance laws in England in 1911; and that is ostensibly the objective of our own Social Security Act.

As a matter of fact, however, every social insurance law in every country has been passed, not at the insistence of working men, but as the brain child of a group of mendacious politicians who saw a chance to gain popular support of their party by holding out a sugar plum to the rabble who fill the ballot boxes with votes.

With the growth of industrial centers in Germany toward the end of the nineteenth century, shocking conditions of poverty among the thousands of workers who crowded together in cities became such a sore in the side of the powerful monarchy that it threatened to endanger the security of the State. Bismark conceived the idea of winning the support of the working masses, not by the logical method of forcing industry to pay them a living wage, but by assessing a tax to provide a fund that would assure the working man and his family of security against loss of employment. The same principles were behind the growth of social insurance in England during the early part of this century. A strong labor-party was beginning to exert its influence in British politics and David Lloyd George, master politician, recognizing the astuteness of Bismark's precedent, won the popular support of the British working people in one brilliant stroke with social insurance.

Now there is not more than one kind of social insurance. All social insurance is unemployment insurance, whether it be to protect the working man against loss of income by periodic lay-offs, old age, or sickness. It just happened that the first social insurance plan in Germany provided for insurance medicine, administered by the State. Later was added other forms of insurance similar to those created in the Social Security Act which is currently being launched in our country. A recent survey by the labor party in Germany disclosed that state medicine had made of Germany a nation of valetudinarians. Costs have skyrocketed and the average days' sickness to workers under medical insurance have increased from 5½ to 28 days per year.

Austria adopted compulsory health insurance in 1888 and other forms later. In England old-age pensions were provided for first and compulsory health insurance next. More than forty-

two countries now have some form of social insurance including so-called security against one or all of the causes of unemployment. In the United States old-age and unemployment benefits were adopted first. Whether or not health insurance is to follow is a question that is right now giving a great many people serious concern.

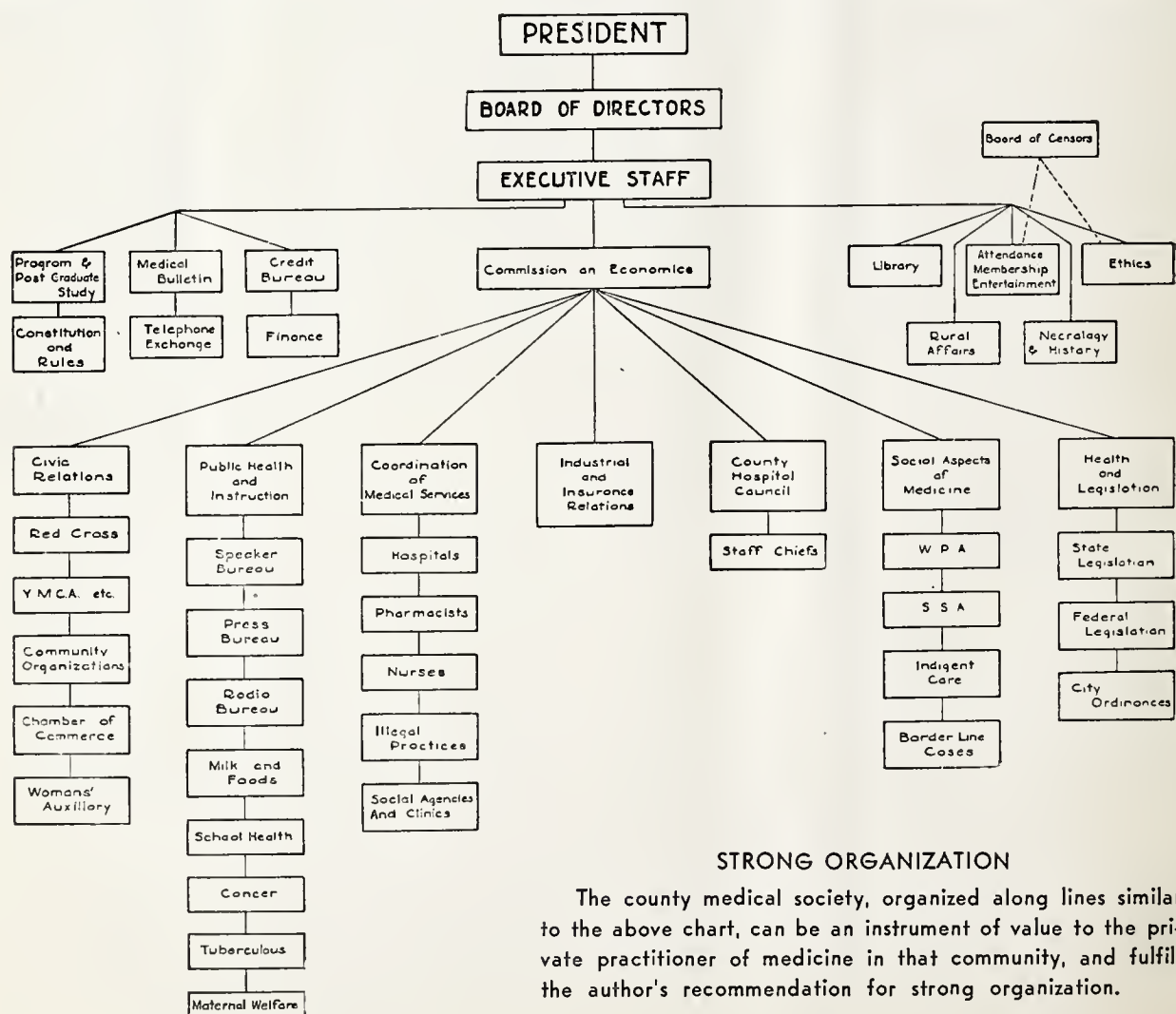
If we accept the prediction of certain political observers, the time is not far off when America will enjoy the chaos of socialized medicine that has typified similar experiments in those nations which were our predecessors in social experimentation. Washington pundits Pearson and Allen, in their syndicated column of November 6, 1936, wrote:

"Socialized Medicine—This was knocked out of the social security act by pressure from organized physicians, but is now on the President's list of 'things to be done,' and the American Medical Society can get ready for a knock-down and drag-out battle."

So now we have social insurance in the United States. I am not for a moment implying that the historical motives of personal ambition, polit-

ical expediency, and the zeal of dictators, has been the prime force behind social security legislation in America. It would not be difficult to find a striking analogy between developments here and the history of social security in other countries. I do want to emphasize that in no respect do I credit the social security fantasy to Mr. Roosevelt and his New Deal. I am absolutely certain in my mind that a Republican administration, in the same circumstances, would have resorted to the social security shibboleth with precisely the same readiness that the Democrats did.

Earlier conditions in America would not permit the use of social security plums, like those that had been used in Europe for many years, because of the simple fact that agricultural America had no interest in a maternal government that would give a stick of candy to every unfortunate who fell down and hurt himself. The pioneers of earlier America wanted their government raw, a he-man government, guaranteeing freedom and justice to every man and a right to work out his own salvation.



But, with long years of depression this country found itself with pretty much the same conditions that European nations had experienced long before. America had become industrialized. Her population had shifted in a few years from an agricultural population to an industrial and urban population. The time had come for the political party in power, no matter who it was, to clinch the support of that great mass of the working people who eked out a bare living wage from industrial capital and whose ballot would be the deciding factor in an election.

So the myth of social legislation was born in America. Our people are suffering from a moral epidemic little different in most respects from the earlier epidemics of Prohibition, mah jong, or pee wee golf.

The essential feature in this epidemic is that it is a bold and deliberate attempt to transcend and completely repudiate all the laws of biology that science has demonstrated. No one has ever attempted to devise methods for preserving doggie calves or mongrel dogs; in the animal kingdom the weak and maladapted do not survive. But human sympathy, crystallized by Christianity, and fostered by political parasites, has done precisely that with the breed we affectionately call, 'Homo Sapiens.' With the unacustomed power gained by the invention of gunpowder, the tabloid newspaper, and the radio, the intellectually inferior masses have lately put a penalty on achievement. The fit no longer survive; they are being conquered by the unfit.

When national policies depend, not on the principles of freedom and justice, but upon a majority of votes, then those who have the most votes to offer dictate those policies. Unfortunately, mediocrity is the ascendant quality in every race of people. There are but a few leaders and when their abilities are shackled by the despotism of the multitude, then mediocrity becomes the national character.

Channing Pollack wisely observes that, "Christianity and medical science has preserved for us a multitude which mechanical invention has rendered entirely useless. Unless and until the genius of man devises a method of adjusting this condition, we must carry these men. The question before us is not whether we will carry them, but whether we are to be ridden by them."

The fact that families on relief enjoy a 60 per cent higher rate of fecundity than the country at large, does not diminish the problem.

The idea of the "good neighbor" is not original with our gifted seer in the White House. A man doesn't have to be a liberal or a maudlin sentimentalist to give some of his surplus property to less fortunates, who, through no fault of their own, have drawn a losing hand in the game of destiny. But no one likes to have his property confiscated, to be regimented into obeisance, to be forced to participate, by a despotic State that is bent upon commandeering a portion of the physical and mental resources of this country for its own perpetuation.

There can be no social security when good and useful citizens who have made their mark by dint of their own effort are threatened and harassed by a bunch of bureaucrats who want to run their business and their everyday lives. It is not only captains of industry who are being assailed, it is doctors, and lawyers, tradesmen, and others who have achieved some measure of security and comfort and who, for that very reason, are beginning to regard their government as an alien and hostile power.

It isn't fair for a man to work hard to acquire a knowledge and skill which he can sell to another for a profit and then have a third party come along, take his property or service away from him, and magnanimously offer his benefaction to the consumer, thereby taking the credit for it. But that is the logical goal of the Totalitarian State. Wealth, either in products or service, exists for the State, and they are commandeered and dispensed in those directions where the State will benefit most directly. That is the theory behind dictatorships and the practice of this theory will return any democratic republic into a dictatorship.

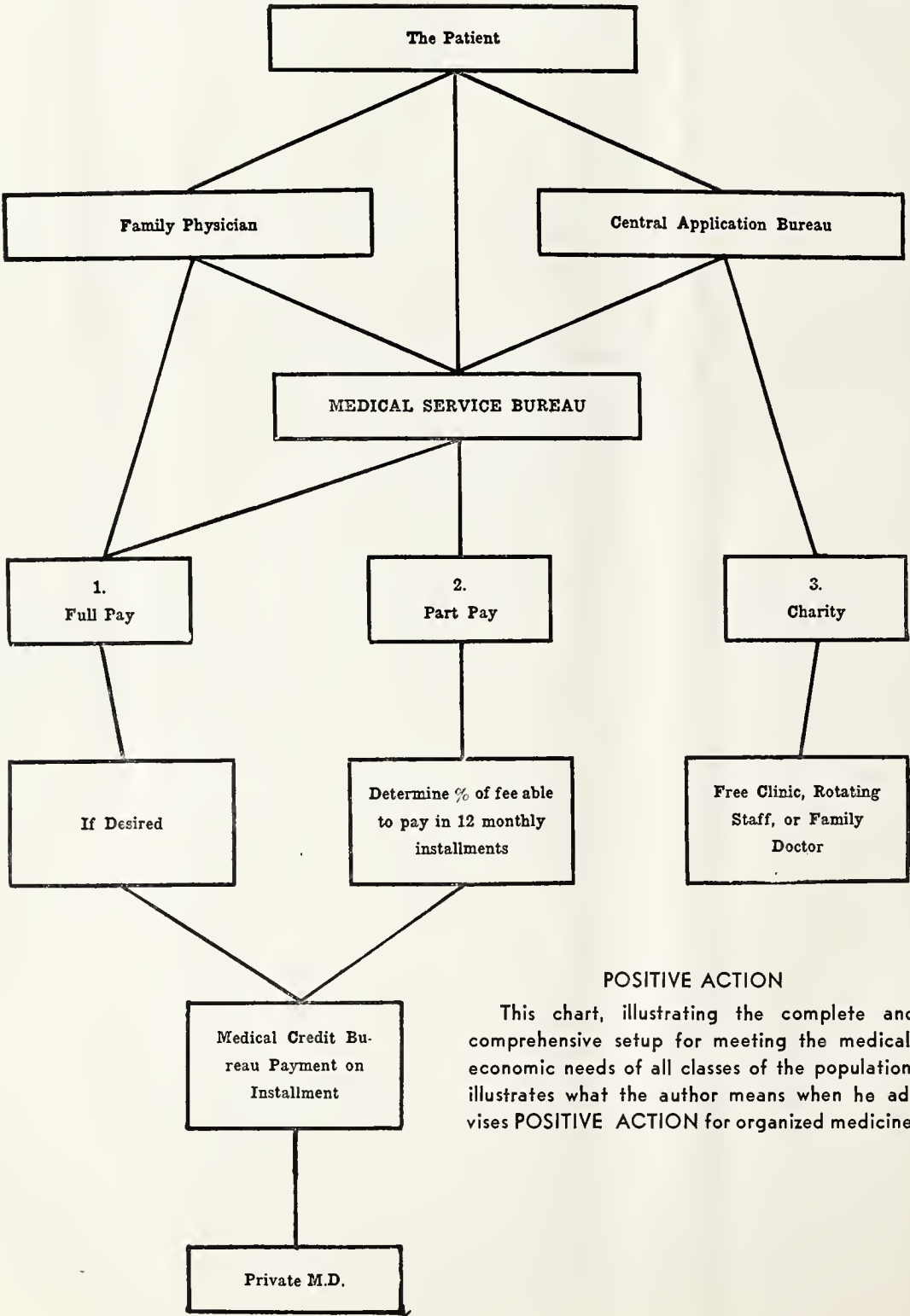
The growth of the totalitarian State rests upon the theory of the "Divine right of the State." Individuality, personal freedom, thrift, and achievement are attacked and exploited for the benefit of the inferior masses whose political support is vitally necessary to the security of the State. Social security is merely a euphemistic slogan that cleverly conceals the real objective, which is actually State security.

Someone has said that there is no despotism as ruthless as the despotism of the State. Neither is there any tyranny as terrible as the tyranny of the mob. A mutinous crew throws reason to the winds when it has overcome the only man on the boat who has intelligence enough to pilot the craft. An army goes berserk when its leader is fallen.

The intelligent minority today exerts little influence on the political attitudes of the state. The right of franchise makes the unintelligent majority the leader. Those who will benefit most from a raid on the treasury are the ones who control the treasury. The most powerful pressure group in the political picture of America today is composed of the indolent, thriftless, biologically unfit blood suckers who are living on the State.

If an all powerful totalitarian State, owned,

managed and ransacked by the powerful mass of the unfit, finds it necessary to regiment capital and industry and commerce for the perpetuation of the State and to appease the avaricious appetite of the mob which controls the State, is it any wonder that the contributions of the professions are confiscated and passed out to the mob with the benediction of the State? Professional service is a commodity that is all too easily prostituted to become, not a contribution of the profession, but a gift from the



POSITIVE ACTION

This chart, illustrating the complete and comprehensive setup for meeting the medical-economic needs of all classes of the population, illustrates what the author means when he advises POSITIVE ACTION for organized medicine.

State. That is the inexorable danger that confronts the professions of science and law today.

Well, what are we going to do about it? I am not so naive as to believe that the rational element in America will be any more successful in stemming the tide toward the totalitarian State in which collectivism and regimentation become the cardinal principles, than were the rational elements in Germany, or England, or Italy, or Spain. Neither do I hope for a moment that the mass mind in America is any more astute than the mass mind in other and older countries.

I think we will continue to drift toward an abysmal chaos of mediocrity in which the capable are reduced to the level of the mediocre. This is an unmistakable trend in civilized government and soon or late it will have to run its course. Since the first outbreak that resulted in the French Revolution, the epidemic has spread with sporadic severity in first one nation and then another. If government were a science perhaps we could have isolated our shores and prevented the contamination of our people. But government is not a science and America has contracted the disease.

I haven't time to trace the etiology of the disease of social security in America. The symptoms are all too apparent. Neither have I time to show why state professional service would be completely disastrous, both from the standpoint of health and economics, to the nation of America. With a good proportion of the medical needs already being supplied by the government by paid hirelings, through veterans bureaus, crippled children's societies and public health agencies, with a score of new bureaus employed in the practice and barter of law and half the lawyers working for the State, with one in every twelve citizens drawing a gratuitous subsidy from the government, the spectre of socialization in America ceases to be a threat; it becomes almost an actuality.

The intelligent minority of this country is made up predominately of professional men who have acquired the wise and sound conservatism that comes as a result of patient and scholarly study. The healing arts, and other academic professions, have already given bountifully to society. Theirs becomes now a duty to make other contributions of a different nature. If anything can be done to save a mob intoxicated with newly discovered power from its own excesses, it must be that sober minority that is most bitterly assailed by the mob.

To fight free from the malignant shackles of socialism becomes not only the desire but the duty of the professions. When the professions decline to the level of mediocrity towards which social legislation strives, then indeed will civilization have collapsed at the feet of the mob. By a militant and aggressive stand, by positive action and strong organization, the professions of science, art, law, and letters may hope to hold their heads above the swirling black tide of regimentation, and when the wave is over the learned professions will stand intact and undefiled, ready to lead the way to a new and more prosperous order.

MODERN MANAGEMENT OF TRAUMATIC SURGERY*

F. L. HUSBAND, M. D.
Blytheville

As the hand of time goes around so must we medical men continually shift our methods of meeting and treating certain conditions of traumatic surgery. Traumatic surgery is, no doubt, as old as man himself and dates back to the days of Adam and Eve in the Garden of Eden, which we are told in the Good Book was the beginning of man. But, as social progress makes its steps, so are we forced to meet new conditions.

We will speak largely of the local situation that confronts us here. However, it may be that these conditions are more or less universal since we, as doctors, are constantly meeting with more traumatic injuries than ever before. As our pioneers cleared this mighty forest there were occasional cotton gins and fewer saw mills constructed. Today, we have cotton gins, ground-hog saw mills, weed-saws and numerous types of farm machinery, many industrial machines, and we might add to these, certain types of gun-shot wounds and automobile injuries sufficient to round up a number of patients in every doctor's office.

We realize that in a short paper like this it would be impossible to describe in detail every kind of traumatic wound and its treatment. We will deal more particularly with lacerated wounds. These types of wounds are caused by the individual being caught in wood-saws and cotton gins, or where portions of the members are avulsed by a shotgun, or perhaps mangled in some farming machinery. Here, we not only

* Read before the First Councilor District Medical Society, Paragould, October 15, 1936.

have the conditions for the performance of some scientific, but also of conservative surgery, and it is important that as many members of the hands, feet and arms be saved as possible.

In these types of injuries it has been our practice to control the hemorrhage as quickly as possible, cleanse the wound of foreign particles, mangled tissues and blood clots and do as little trimming of the ragged edges as possible. We never know which small bundle of tissue may have the connecting length of our nerve supply or the small blood vessels we need and require for our budding process to rebuild the destroyed tissues. We dust in a large amount of neo-silvol crystals, and unless an unusually large lacerated wound exists, we simply close the wound by interrupted sutures, both the fascial structure and the skin. After an interval of twelve to twenty-four hours, if we have much exudate with suture tension we slip out one or more sutures and insert a small rubber drain; this gives time for solution of the neo-silvol crystals, which, in my opinion, provide the best known germicide for this particular type of injury. Obviously, all of these wounds are potentially infected. This allows contact with an antiseptic for twenty-four hours. Some fragments are infected and die from the lack of nerve and blood supply, consequently are lost to the part. However, even this procedure is more conservative than extensive debridement in the beginning with its chances of the loss of some tissue which might have remained viable.

Such lacerated wounds will often drain and heal as nearly by first intention as can be expected. In many of the avulsed types of injuries with certain contamination, infection follows with sloughing of the sutures a great deal of tissue with a profuse drainage. Such cases are advantageously handled by applying a voluminous dressing to the affected part and keeping it continuously damp by saturation with a hypertonic magnesium sulphate solution containing some alcohol and sufficient sodium bicarbonate to maintain alkalinity. The rationale in using such a solution is as follows: the magnesium sulphate acts as an external pulling agent against the blood stream and tissues and secondly, dilutes the exudate thus reducing its toxicity; the alcohol as an antiseptic agent, and lastly, the alkalinity, by changing the medium in which the organisms abound, since it is commonly known that infective organisms may be killed by simply changing the reaction of their medium.

In those cases with compound comminuted fracture, we are justified in assuming that osteomyelitis and periostitis will occur. Adequate drainage with irrigation in selected cases is the course to follow.

We have had a series of cases this past year wherein there was a great deal of disturbance to the bony structure, ranging simple tears of the periostum to complete avulsion of whole parts of long bones. One case in particular was seen and treated in which the olecranon process of the ulna was shattered and a portion of the upper third of the ulna was missing. These cases were all treated with ultra-conservatism with attempts at saving the entire members with complete recovery and good function in the majority of the cases. A more radical surgeon most probably would have amputated in several of these instances. I think we have saved several permanent disabilities by conservatism and allowing nature to do her part. We have tried this procedure, not once, but in a series of cases, and find that it serves our purpose in the type of surgery which daily confronts every doctor in this territory.

Each case, after being dressed, should be placed at absolute rest by immobilization and should receive 1500 units of antitetanic serum.

We notice in those cases wherein hands are caught in gin saws that we often have a low grade infection characterized by a bluish serum exudate with a slight destruction of the epidermis around the wound edges. This we believe is a mixed infection containing vibrios and septique organisms. We have found that this mild infection responds readily to application of 2 per cent picric acid.

We conclude by summarizing our accepted method of treatment:

1. Cleansing the wound thoroughly as possible without damage.
2. Using conservatism in trimming the edges and surrounding tissue.
3. Filling wound with neo-silvol crystals.
4. In minor wounds closing primarily with later drainage if inflammatory exudate demands it by slipping sutures and rubber drainage. The major wounds are primarily drained.
5. Applications of hot hypertonic solutions.
6. Administration of prophylactic antitetanic serum.
7. Immobilization.

POWDERS AND POTENTS

THOMAS N. BLACK, M. D. and JETT SCOTT, M. D.
Hot Springs National Park

Too often the busy physician overlooks the mental attitude of his patient and, machine like, prescribes his potents and powders expecting the magic of his pharmacologic knowledge to produce the desired results. Too often the robot doctor fails and wonders why another is called in his stead. In determining a reason for the success or failure in the business of medicine we should study methods of our contemporaries. Probably the most notable example of success is Sir William Osler, who was most prolific in his prescriptions of psychotherapy. His practice was described by a friend as a "mixture of hope and nux vomica." To this he replied, that "once he had gained the confidence of his patients and inspired them with hope, the battle was won." He went so far as to say that "the practice of medicine is an art—often the best part of your work will have nothing to do with potents and powders, but with the exercise of the strong over the weak." Certainly we know today that this is not all true, that the practice of medicine is not entirely an art. It is a science in which we apply many potents and powders with therapeutic results. It is not our desire then to attempt to discredit here the many valuable scientific advances which have been made and which are utilized in the practice of medicine, but rather, lest we forget, to recall to a better use one of our most potent armentaria, that of psychotherapy.

In so doing, we shall incidentally help to control and eliminate many of the foes of medicine. The American people, as well as those of other countries, have many fanciful delusions about medicine and its effect on the human body. We should make these delusions available in the form of psychotherapy about the potents and powders at the time that we are administering them. Many of the patients who seek professional care are in genuine need of this service. It has been shown conclusively by Crile, that pain, as well as fear, grief, shock, et cetera, have a very destructive effect on the brain and its mental processes. It does not require many years of close scrutiny to observe the deleterious effects of diseases on these processes. There is even a mental malady, classified as a psychosis, which is attributable to disease and exhaustion. The process which produces this effect is present to a varying degree in most every disease. The recognition of it ap-

parently is not so simple, and too often we are prone to condemn these afflicted individuals with some of our beautifully coined words, neurasthenia, introvert, neurotic, et cetera.

Sometimes the mental aspect of these patients becomes so pronounced that it is difficult for even the shrewdest diagnostician to determine the original cause of the malady, the mind or the body. When this is true we often label the patient with one of the big words and shift him from one office to another until finally he arrives at the home of the illegitimate practitioner who applies some psychotherapy along with his various manipulations until nature overcomes the original cause or until there is a recession of it, and the reputation is established for and against. The patent medicine industry and other forms of unscientific pseudo-medicine are thriving upon the world filled with this type of individual. Huge fortunes as well as small ones that are massed by these interests rightly belong to the legitimate practitioner, but unfortunately have been lost, maybe not all, but in part at least, because of the loss of that "art" of psychotherapy. We, therefore, believe that if more attention is paid to this form of therapy, we will do a great deal to repel all the quackery and charlatanism which runs rampant in our back yards.

The application of this form of therapy is made ideal by the physician practicing in a spa. The Roman visitor in search of health read these famous lines as he approached the baths of Caracalla:

"Light of heart approach the shrine of health,
So shalt thou leave with body freed from pain,
For here's no cure for him who is full of care."

Hydrotherapy per se with all the modern methods of application has become one of the most effective means of combating disease. All modern private and governmental hospitals have recognized this fact and have introduced it. The spa treatment then offers a very effective method of approach upon disease. The patients coming here are already buoyed with a force equal to the stories of remarkable cures which have been wrought. They come, many of them, with hope, faith, and determination. They discard worries of business affairs and social dissipation and resign themselves to the time when they will be well. They arrive in an environment fully prepared, business of which is to take care of them. The baths and the bath houses with all the forms of hydrotherapy and physiotherapy constitute an important link in the physical, as

well as the mental treatment. The impression this has upon the patient will exhibit itself through a lasting and remarkable effect upon body functions. The hydrotherapy enhances the mental, as well as the physical efficiency. Not only does it change the metabolic and glandular activity but through this means and through the change in environment with its psychic effects the mental faculties are so altered that many patients regain a new hold on life. So, with a new stimulus the patient's hope is buoyed and he is receptive, receives and improves on psychotherapy. Powders and potents are then scientifically administered to a hopeful and cheerful patient with results that cannot be obtained otherwise.

We cannot proclaim that these results are obtained by the use of hydrotherapy internally, externally, and eternally. We do not propose to use it to set a Colles fracture. Indeed we prefer serum to psychotherapy to tide a delirious patient safely across a grave lobar crisis; but the combination of psychotherapy and hydrotherapy in conjunction with other drug and mechanical therapy can be employed ideally at the spa for most of the chronic diseases of man with results which are in most instances exceedingly gratifying to both the patient and the physician.

RESOLUTION

The membership of Mississippi County Medical Society deeply deplore the untimely passing of one of their members.

Dr. Max O. Usrey had been affiliated with the society for many years. He was a hard, conscientious worker and was strictly ethical in all his life.

To the bereaved ones we extend sincere sympathy.

H. C. SIMS,
W. M. OWEN,
F. D. SMITH,
Committee.

SUMMER DIARRHEA IN BABIES

Casec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonsful of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextri-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six teaspoonsful of a thin paste of Casec and water, given before each nursing, is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

HOW MANY NEED HELP?

Within a small margin of error, about 50 per cent of the population goes through the year without any illness. Fifty per cent of the illnesses of the other half are not disabling. One-half of the remainder, or about 12½ per cent, are of a minor character, such as the common cold, and involve a disability of less than a week. This leaves about 12½ per cent who have serious illness and an expense for wage loss and for medical care sufficient to constitute a real problem. Of these, many are able to meet the necessary expense from their own savings, by deferred payments or from regular income, just as they meet other extraordinary expenses. Thus it seems reasonable to assume that 5 per cent—certainly less than 10 per cent—of the total population are unable to meet their sickness expense without great sacrifice. This is still enough of a problem always deeply to concern organized medicine.

It is a testimony to the accuracy of these figures that when county medical societies have set up machinery to provide service for those otherwise unable to obtain it the number served has almost invariably been between 3 and 5 per cent of the total population.—J. A. M. A.

The annual postgraduate course sponsored by the Indiana University School of Medicine and the Indiana State Medical Association will be presented in Indianapolis, May 10 to 14, 1937. The schedule this year includes speakers and subjects that will interest every physician. There will be clinics, lectures, panel discussions, practical demonstrations, and clinical-pathological conferences during the hours from eight o'clock in the morning until five o'clock in the afternoon. Evening guest speakers will include Dr. Samuel A. Levine of Boston, assistant professor of medicine in the Harvard University Medical School and author of a recent popular textbook on cardiac diseases, who will be the speaker on Monday evening, May 10th. The following evening, May 11th, Dr. Vernon C. David of Chicago, clinical professor of surgery in Rush Medical College, will be the speaker. On Wednesday evening, Dr. Frank Mann of Rochester, Minnesota, professor of pathology, surgery and experimental physiology in the University of Minnesota, Graduate School of Medicine, will share the evening hour with Dr. Nicholas J. Eastman of Baltimore, professor of obstetrics in Johns Hopkins University School of Medicine. Thursday evening, May 13th, the guest speaker will be Dr. Harold N. Cole of Cleveland, associate professor of dermatology and syphilology in Western Reserve University School of Medicine. A new feature of this year's postgraduate program will be the Friday evening meeting, May 14th, which will be open to the public. Dr. Maude Slye, associate professor of pathology, University of Chicago, whose research work upon cancer in mice has attracted much attention, will be the speaker.

There will be no registration or attendance fee for this postgraduate course. All physicians in good standing in their local medical societies will be welcome.

THE JOURNAL

OF THE

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EDITORIAL

THE ANNUAL SESSION

The 504 members and over 75 visitors in attendance enthusiastically voted the Sixty-second Annual Session of the Society held in Little Rock April 12, 13 and 14, the best session ever held. The scientific program was of highest caliber and offered a wide variety of addresses, appealing to both general practitioner and specialist alike. The scientific exhibit was the largest the Society has had the pleasure of viewing and attracted attention throughout the session. The commercial exhibits filled their allotted space and we are advised that the representatives enjoyed interviews with the majority of the members registered.

The evening public session was well attended, and good advantage taken of the opportunity to advise the public of the ideals of organized medicine. The annual banquet was laid for over three hundred guests, a pleasing entertainment in its entirety. The physicians of Pulaski County Medical Society exerted themselves to give all a good time and we can well testify to the success of their attempts.

The following officers were elected: President, O. J. T. Johnston, Batesville; President-elect, S. J.

Wolfermann, Fort Smith; First Vice-president, H. Fay H. Jones, Little Rock; Second Vice-president, J. F. John, Eureka Springs; Third Vice-president, L. C. McVay, Marion; Treasurer, R. J. Calcote, Little Rock; Secretary, W. R. Brooksher, Fort Smith; Councilor, First District, H. A. Stroud, Jonesboro; Councilor, Third District, T. J. Stewart, Wynne; Councilor, Fifth District, R. B. Robins, Camden; Councilor, Seventh District, Euclid M. Smith, Hot Springs National Park; Councilor, Ninth District, D. L. Owens, Harrison, and Councilor, Tenth District, Clyde McNeil, Rogers. The Council reorganized, electing S. B. Hinkle, Little Rock, Chairman, and D. L. Owens, Harrison, Secretary. In the business sessions, the proposed constitutional amendments affecting the eligibility of physicians for membership in the Society were adopted, nominees selected for appointment to the State Medical Board of the Arkansas Medical Society and other matters considered, to be later reviewed in The Journal. The 1938 session will be held in Texarkana.

The Society extends its thanks to the members of the Pulaski County Medical Society for a good job, well done.

EDITORIAL COMMENT

HOW MUCH ARE YOUR DUES?

A considerable number of physicians smoke cigars; two five-cent ones each day cost for the year \$36.50. For those who use the cigarette, the annual outlay for one package daily is \$73.00.

There are few of us but who retain enough hairs upon our head to necessitate visiting the barber at fortnightly intervals. This amounts to \$9.10. Shaving is mostly done at home but even with modern perfection in safety razor blades, the average required for this chore during the year will be 100 blades, a cost of \$5.00.

What are your lodge dues for the year? How much does it cost you to swing at that elusive golf ball one afternoon a week? How much money have you invested in fishing tackle? What did that last hunting trip cost you? Your daily paper costs you around eight dollars a year.

Are medical society dues really too much?

COMING MEDICAL MEETINGS

First Councilor District Medical Society, Blytheville, May 4, 1937.

Ninth Councilor District Medical Society, Harrison, June 1, 1937.

American Medical Association, Atlantic City, June 7-11, 1937.

OBITUARY

JAMES ARTHUR WIGLEY, aged 64 years, died at his home in Mulberry April 4th of angina pectoris. He had been in ill health for several months and critically ill for several days prior to his death. A lifelong resident of Mulberry, Dr. Wigley had been active in civic and fraternal affairs. He was a member of the Baptist Church, the Masonic lodge, the Knights of Pythias and of the Amrita Grotto. A graduate of the University of Arkansas School of Medicine in 1912, he had been active in organized medicine during the years of practice, serving both the Crawford County and the Tenth Councilor District Medical Societies as president. Surviving are his wife, four daughters and one son.

JOSEPH L. CLEMMER, aged 61 years, died at his home in Gentry April 1st after an illness of two years duration. Born at Cave Springs, Arkansas, September 6, 1875, Dr. Clemmer attended the schools of Benton County and graduated in medicine from the Kansas City Medical College in 1901. He first practiced at Springtown but moved to Gentry in 1920. In addition to membership in the Benton County Medical Society and the Arkansas Medical Society, he was a member of the Masonic lodge. He was married to Miss Bertha Wasson on February 15, 1899, and in addition to his wife, is survived by two daughters and one son.

MAX O. USREY, aged 54, died at his home in Blytheville from a heart attack March 29th. He had been ill from influenza and complications resulting from strenuous duty during the flood but had recently returned home from a Memphis hospital and had planned to resume practice within a few days at the time of his death. He was born at Pratt City, Alabama, in 1883 and graduated in medicine from the Kentucky School of Medicine in 1907. He had practiced continuously in Blytheville since 1913 except for the period when he served as a Captain in the Medical Corps during the World War. At the time of his death he was city health officer. He

had served in his county medical society as an officer and in addition, had been a vice-president of the Mid-South Postgraduate Assembly and of the Frisco System Medical Association. Surviving relatives are his wife, a daughter and a son.

WILLIAM RICHARD HUNT, aged 74 years, died at his home in Clarksville March 30th after an illness of five months. He was born November 16, 1863 at Lone Pine, Arkansas and following his graduation from the University of Arkansas School of Medicine in 1889, first practiced at Coal Hill, moving to Clarksville in 1907. He was actively engaged in the practice of medicine with his son, Dr. Earle H. Hunt, until the time of his final illness. Active in organized medicine, he had served his county medical society on a number of occasions as President as well as filling other offices within professional organizations. He was an untiring worker in the First Methodist Church of Clarksville, the present church building being built largely because of his efforts. He was married to Miss Ruth Houston on April 28, 1885, the couple celebrating their golden wedding anniversary in 1935. In addition to his wife and son, Dr. Earle H. Hunt, he is survived by another son, W. R. Hunt, D. D. S., a daughter, Mrs. E. A. King, Clarksville; three sisters, and seven grandchildren.

ARTHUR MYERS GIBBS, aged 33, of Hamburg, died in a hospital at Bastrop, Louisiana, April 17th of carcinoma of the stomach. Dr. Gibbs was born in Ashley county, September 6, 1903, and graduated from the University of Arkansas School of Medicine in 1930. He subsequently spent a year in the study of public health at Harvard University and was serving as county health officer for Ashley county at the time of his death. Active in organized medicine since his graduation, he was serving as secretary of the Ashley county medical society and had also served the Southeast Arkansas medical society in the same capacity. Surviving relatives are his wife, his parents, two brothers and two sisters.

PROCEEDINGS OF SOCIETIES

The Mississippi County Medical Society was addressed April 6th by J. C. Ayres, Memphis, "Helping Nature in Obstetrics."

F. D. SMITH, Secretary.

The Sebastian County Medical Society was addressed April 20th by A. A. Blair, "Protamine Insulin in the Treatment of Diabetes;" T. P. Foltz, "Hypertonic Sucrose Solution: Physiological and Therapeutic Application," and F. H. Krock, "Prontosil in Treatment of Streptococci Infections."

L. M. HENRY, Secretary.

The Third Councilor District Medical Society met in Clarendon April 6th for the following scientific program: "Menopause and Its Management," M. C. John, Jr., Stuttgart; "Allergy in General Practice," Alan Cazort, Little Rock; "Infantile Paralysis," Gilbert Levy, Memphis, and "Brain Trauma," Val Parmley, Little Rock. The scientific session was followed by a banquet.

The Second Councilor District Medical Society met in dinner session at Searcy April 5th for the following scientific program: "The Treatment of Acute Infections of the Urinary Tract," Fred Krock, Fort Smith, and "Nephritis in Childhood: Its Clinical Course and Management," Ralph Weddington, Fort Smith. The Society will next meet in Batesville.

The Washington County Medical Society met April 6th at the Veterans Facility for a program of case presentations by the staff of the facility. Dinner was served to members of the Society and the Auxiliary.

The Pope-Yell County Medical Society met in dinner session at St. Mary's Hospital, Russellville, March 11th with 23 members present. Speakers were: S. B. Hinkle, Little Rock, "Recent Advances in Obstetrics," and Joe Shuffield, Little Rock, "Social Welfare Activities." The following officers were elected: President, R. L. Smith; Vice-president, Walter Cale; Secretary-treasurer, Roy Millard; Delegate, Robert Hood, and Alternate, L. M. Smith.

Roy Millard, Secretary.

The Benton County Medical Society met in dinner session at Bentonville April 8th for the following program: "The Treatment of Hay Fever," J. L. Johnson; "Appendicitis from the Standpoint of the Pediatrician," I. U. J. Busiek; "Appendiceal Surgery in Children," F. T. H. Doubler and "The Modern Treatment of Sterility," Fred Farthing.

Geo. M. Love, Secretary.

The following county medical societies reported a fully-paid roster of membership to the annual session: Boone, Bradley, Cleburne, Cleveland, Crawford, Cross, Dallas, Franklin, Grant, Greene, Hempstead, Hot Spring, Jackson, Johnson, Lafayette, Lincoln, Monroe, Montgomery, Nevada, Randolph, Saline, Searcy, Sebastian, Sevier, Washington and Yell.

The Arkansas State Pediatric Society met April 12th at Little Rock for the following scientific program: "Diarrhea and the Present Status of Treatment," F. Tom Mitchell, Memphis, and "The State's Interest in Maternal and Child Health," W. Myers Smith, Little Rock. The following officers were elected: President, E. C. McMullen, Pine Bluff; Vice-president, G. D. Murphy, El Dorado, and Secretary-treasurer, Madeline Melson, Little Rock.

The Pulaski County Medical Society was addressed by Chas. T. Stone, Austin, Texas, April 17th on "Hypertensive Heart Disease."

The Randolph-Lawrence County Medical Society met April 20th for the following scientific program: "Cerebro-Spinal Meningitis," R. M. Jernigan, Jonesboro, and "Hernia," H. A. Stroud, Jonesboro. Officers elected are: A. G. Henderson, Imboden, President; W. O. Loftis, Pocahontas, Vice-president, and Chas. D. Tibbels, Black Rock, Secretary.

CHAS. D. TIBBELS, Secretary.

The Greene County Medical Society met April 8th at Paragould, the scientific program being presented by J. H. Lamb and J. A. Dillman.

PERSONALS AND NEWS ITEMS

R. Q. Patterson, Little Rock, has been appointed a member of the State Board of Cosmetic Therapy.

J. B. Crawford has relocated his office at 746 Donaghey Building, Little Rock.

Frank A. Gray is building a 40-room infirmary at Batesville.

Harvey S. Thatcher, Little Rock, presented "Specimens of the Civil War Period" before the International Association of Medical Museums in Chicago recently. While away Dr. Thatcher also attended the sessions of the American Association of Immunologists, the American Association of Pathologists and the American Society for Cancer Research.

"How the Public Can Assist in Reducing the Mortality from Cancer" by A. S. Buchanan, Prescott, appeared in the March issue of The Tri-State Medical Journal.

R. L. Hickman has become associated with Gean Atkinson at Manila.

A. A. Blair and W. C. Overstreet have been elected school directors at Fort Smith and Jonesboro, respectively.

The Arkansas State Board of Health has announced the following appointments of county health officers: Arkansas, M. C. John, Jr., and C. W. Rasco, Jr.; Ashley, A. M. Gibbs;* Baxter, J. T. Tipton, Mountain Home; Benton, E. A. Pickens; Boone, Ulys Jackson; Bradley, W. J. Hunt; Calhoun, T. E. Rhine; Chicot, W. W. Easterling; Clark, J. K. Grace; Cleburne, T. C. Birdsong; Cleveland, A. B. Robertson; Columbia, H. K. Carrington; Conway, W. P. Scarlett; Craighead, H. H. McAdams; Crawford, M. S. Dibrell; Crittenden, B. M. Stevenson; Dallas, E. E. Estes, Jr.; Desha, H. T. Smith; Drew, S. W. Chambers; Franklin, Thos. Douglass; Grant, D. R. Kelly; Greene, W. M. Majors; Hempstead, J. G. Martindale; Hot Spring, W. G. Hodges and E. H. McCray; Independence, J. M. Hooper; Jackson, M. B. Owens; Jefferson, W. H. Bruce; Lafayette, F. E. Baker; Lawrence, W. W. Hatcher; Lee, O. L. Williamson; Lincoln, C. W. Dixon; Little River,

P. H. Phillips; Logan, S. P. McConnell; Lonoke, F. A. Corn, Jr.; Miller, R. R. Dale; Mississippi, F. M. Smith; Monroe, F. S. Dozier; Montgomery, J. D. Robbins; Nevada, S. J. Hesterly; Ouachita, R. C. Kennerly; Pike, T. L. Alford; Poinsett, L. H. McDaniel; Polk, B. M. Hawkins; Pope, A. B. Tate; Prairie, W. M. Parker; Pulaski, J. A. Summers; Randolph, J. W. Brown; St. Francis, W. A. Winter; Saline, T. C. Watson; Scott, L. D. Duncan; Searcy, E. A. Bing; Sebastian, J. E. Johnson and C. W. Hall; Sevier, J. C. Graves; Sharp, Wm. Johnston; Union, F. O. Mahony; White, F. P. Hardy and Woodruff, J. F. Hays.

"Endometrioma of the Vulva" by Drs. Riggall at Prairie Grove, recently appeared in The Lancet.

"Brain Trauma: A Plea for Conservative Treatment" by Val Parmley, Little Rock, appeared in the March issue of Industrial Medicine.

The Arkansas Tuberculosis Association was addressed at Little Rock April 5th by Sam Phillips, Little Rock; S. F. Hoge, Little Rock; A. A. Blair, Fort Smith; L. F. Barrier, Paul Day, M. E. McCaskill, Little Rock, and R. R. Nowlin, State Sanatorium. The following were elected officers of the Association: A. C. Shipp, Vice-president, S. F. Hoge, Secretary.

M. J. Kilbury, Little Rock, addressed the Hot Springs Academy of Medicine April 6th on "Disease of the Kidneys."

The April Southern Medical Journal contains "Sarcoma of the Choroid" by K. W. Cosgrove, Little Rock, and "Childhood Type Tuberculosis: Some Problems of a Public Administrator" by W. B. Grayson and W. Myers Smith, Little Rock.

T. P. Foltz, Fort Smith, addressed the Senior High School March 30th on "Your Doctor and You."

F. Walter Carruthers recently addressed the Saint Vincent's Infirmary Alumnae.

Among the nominations for county welfare boards are the following: E. B. Swindler, Stuttgart; W. G. Hodges, Malvern; D. W. Goldstein, Fort Smith; A. W. Keith, Stamps; S. C. Johnson, Kingsland; D. W. Sloan, Beebe.

* Deceased.

J. W. Amis, Fort Smith, addressed the Saint Edwards Hospital Guild on "Immunization of Children."

W. B. Grayson recently attended the conference of state health officers in Washington, D. C.

L. J. Kosminsky, Texarkana, addressed the Camden American Legion Post on the occasion of the post's anniversary.

J. B. Elders, formerly of Marked Tree, has moved to Paragould and assumed duties as medical director of public health district twelve.

W. R. Felts has been elected mayor at Judsonia.

J. T. Altman and Ralph M. Sloan have been elected vice-president and director, respectively, of the Jonesboro Rotary Club.

F. D. Smith has been appointed local surgeon for the Frisco Lines at Blytheville.

R. L. Smith has been elected a director of the Russellville Rotary Club.

W. O. Arnold has been appointed resident medical officer for the tuberculosis sanatorium at Fort Smith.

"The Clinical Aspects of Amebiasis" by H. G. Hummel, Little Rock, appeared in the April issue of The Mississippi Doctor.

M. C. Hawkins, Jr., Searcy, has been appointed a member of the Arkansas Credentials Committee of the American College of Surgeons.

The following members of the class of 1932 of the University of Arkansas School of Medicine met at a reunion luncheon at Little Rock, April 13th: John M. Smith, Morrilton; J. O. Boydstone, Hot Springs National Park; V. C. Binns, Monticello; H. L. Brown, Malvern; R. L. Bryant, Arkadelphia; D. K. Kitchen, Detroit, Michigan; B. L. Moore, El Dorado; W. P. Parsons, Little Rock; J. F. Rushton, Magnolia; J. D. Nichols, Atlanta, Texas, and J. W. Reid, Arkadelphia.

C. C. Stevens has been elected Chief of Staff of the Blytheville Hospital.

J. E. McGuire has been elected Chairman of the Piggott School Board.

W. T. Wilkins has been elected Vice-president of the Cotton Plant Rotary Club.

Additional appointments as county health officers are: L. M. West, Yellville, Marion county; E. A. Pickens, Bentonville, Benton county.

RANDOM THOUGHTS OF THE SECRETARY

NOTE—With no more encouragement than the statement of six readers who mentioned the fact that these remarks were missing in the April issue, we proceed to record some of our thoughts.

March 19th. . We visit the Muskogee society and learn from Meigs that the female hormonal system is indeed a complicated mechanism, as is the female per se.

March 22nd. We assume the role of speaker before the public meeting of the Woman's Auxiliary with comments upon the doctor and the public, a strictly family affair.

March 26th. Upon invitation of a harassed program chairman we repeat our talk of the 22nd to a civic club, Amis departing before we commence, leading to the impression that he can absorb an address on one hearing, an impression not confirmed by private advices from his professors at the School of Medicine.

March 29th. Breathers, the tobaccoless, lightless cigarette makes its appearance and we enjoy the comments of Everett Moulton and Eberle who serve as our test tubes.

April 1st. For the once, no practical joker involves us in a predicament.

April 3rd. These days busily engaged in rounding out the details in connection with the coming annual session, each detail appearing to be a new one requiring solution for this time without reference to a former situation. Yet, withal, we seem to accomplish much and look forward to the opening session at which time our omissions will be called to our attention.

April 5th. In company with Krock and Weddington we journey to Searcy, the trip being enlivened by a flat tire two and one-half miles east of Charleston, Krock having thoughtfully left the spare tire key at home. With Weddington, we accumulate much experience as to the disappointments of hitch-hikers as we strike out for the nearest service station. Traversing over one mile, some colored individuals take compassion, open the rumble seat of an ancient vehicle and take us to town in what we consider one of our most luxurious rides. Out from Conway Krock jolts us to the top of the car from the back seat, affording us the pleasant thoughts for the rest of the trip of jack-knife fractures of the spine, not assured in the slightest from the fact that on the return trip, there is definite pain in the back.

April 6th. We climb upon the x-ray table in considerable mental tumult awaiting the recording of the present condition of the bodies of the upper thoracic vertebrae. And back to normalcy!

April 11th. We arrive in Little Rock just a bit late to secure our bit of glory in being present at the airport when Gordon Heyd flies in from New York. At that, we could probably have contributed little to the general appearance of that press photograph.

AUXILIARY NEWS

MRS. H. E. MURRY

Publicity Secretary

The December meeting of the Garland County Medical Auxiliary was held at the home of Mrs. John M. Proctor, with Mrs. W. F. Porter as co-hostess. There were 26 in attendance.

Auxiliary members filled 49 Christmas stockings as a part of their Christmas charity work. Reports were made by Mrs. Paul Streit, secretary, Mrs. L. E. King, treasurer, and Mrs. W. K. Smith who reported the placing of the magazine, *Hygeia*, in the rural schools of the county.

Mrs. Charles Garratt told of the origin of the Tuberculosis Christmas Seal, and Mrs. W. E. Gray read a paper on the life of Jane Todd Crawford. Mrs. H. King Wade reported the meeting of the Southern Medical Association at Baltimore in November.

Mrs. Howell Brewer, accompanied by Mrs. L. E. King, sang a lovely Christmas song.

At the conclusion of the business session and program, refreshments were served.

On February 9th the Auxiliary to the Garland County Medical Society entertained with a dinner at the Arlington Hotel in honor of Mrs. Fred H. Albee, wife of the famous orthopedist of New York City and Venice, Florida. Covers were laid for 21.

Reports were read by the secretary and the treasurer. A motion was made and carried to send \$10.00 to the Isle Oates Student Loan Fund. There was no further business discussed, and the meeting was adjourned immediately following the dinner, in order that every one might attend Dr. Albee's illustrated lecture at the Army and Navy General Hospital.

The meeting of the Ladies' Auxiliary to the Ouachita County Medical Society was held March 30th at the home of the retiring president, Mrs. S. A. Thompson.

Reports were made by chairmen, and delegates were elected to the state meeting to be held in Little Rock on April 12-13-14. Mrs. R. B. Robins goes as delegate and Mrs. J. B. Jameson, as alternate.

The following officers elected for the coming year: Mrs. R. B. Robins, president; Mrs. J. B. Jameson, president-elect; Mrs. E. J. Byrd of Bearden, vice-president; and Mrs. B. V. Powell, secretary-treasurer.

Mrs. J. W. Meek entertained the group with a number of her poems and the members spent a social hour with the hostess.

The Auxiliary to the Washington County Medical Society met for luncheon recently at the Washington Hotel with twelve members present. The guest speaker, Mrs. Kennedy, gave a most interesting talk on Hospitals and Medical Service in the Philippines. Mr. and Mrs. Kennedy have just returned from the Philippines, where they were missionaries.

MRS. ALFRED HATHCOCK.

The Auxiliary to the Pulaski County Medical Society met for luncheon recently at the home of Mrs. K. W. Cosgrove, with Mrs. Pat Murphey, Mrs. E. O. Day and Mrs. J. C. Cunningham, assistant hostesses. Mrs. R. C. Kory, president, presided over the business session and named the following Nominating Committee: Mrs. C. C. Reed, Mrs. Cunningham, Mrs. W. F. Smith, Mrs. Frank O. Rogers and Mrs. R. T. Smith. Delegates to the state meeting will be Mrs. Bryce Cummins, Mrs. H. A. Higgins, Mrs. Rogers, Mrs. R. M. Eubanks, Mrs. Estes Allen, Mrs. George Jackson and Mrs. B. A. Bennett; alternates,

Mrs. W. A. Snodgrass, Mrs. H. S. Thatcher, Mrs. Donald Hayes, Mrs. C. E. Witt, Mrs. W. R. Richardson, Mrs. A. F. Pirnie, Mrs. Robert A. Milliken and Mrs. Glenn Johnson. The program for the afternoon included readings by Miss Dorothy Weise and piano numbers by Mrs. Thatcher.

The Auxiliary to the Sevier County Medical Society held its regular meeting on Thursday afternoon, February 16th, at the home of Mrs. C. E. Kitchens.

The program consisted of a paper on "Life and Death in Washington's Day," by Mrs. I. G. Jones; "Healthgrams," by Mrs. Kitchens; and a Washington Day story by Mrs. Schley Manning.

The president, Mrs. R. C. Dickinson, conducted the business session, which was followed by a contest in free-hand paper cutting of hatchets.

For the tea hour the large service table was centered with a bowl of jonquils and japonica.

The next meeting will be held March 18th at the home of Mrs. Clarence Hooper, in Horatio, with Mrs. Dickinson as co-hostess.

Mrs. R. C. Dickinson was re-elected president of the Auxiliary to the Sevier County Medical Society at the regular meeting held Thursday, March 18th. Dr. E. L. Manning was re-elected vice-president and Mrs. J. S. Hendricks was elected secretary-treasurer. The meeting was held at the home of Mrs. Clarence Hooper in Horatio with Mrs. Dickinson as co-hostess.

The program included discussions of the topics "Common Household Accidents" by Mrs. Hendricks, and "House Problems in the Flooded Area" by Mrs. G. L. Kimball. Special music during the tea hour included a group of piano selections by Mrs. L. O. Shull, vocal selections by Mrs. Hooper and dance numbers by Martha Jean Hooper. Roll call was answered with "Current Medical Problems."

During the business session the state meeting to be held April 12-14 in Little Rock was discussed. Mrs. Dickinson and Mrs. C. E. Kitchens will be delegates to the convention.

Quantities of early spring flowers were used as decorations throughout the rooms, and violet boutonieres were presented the members and guests. These included Mrs. R. L. Hopkins, Mrs. C. C. Thompson, Mrs. C. M. Gore, Mrs. C. A. Archer, Mrs. J. C. Graves, Mrs. Hendricks, Mrs. Kitchens, Mrs. Kimball, Dr. Manning, Mrs. Dickinson and Mrs. Hooper, and the guests Mrs. Shull and Mrs. W. W. Millwee.

The Woman's Auxiliary to Bowie and Miller Counties Medical Society was entertained Friday afternoon, March 26th at the home of Mrs. Allen Collom, Jr., on Pine street. Co-hostesses were: Mrs. George Parson, Mrs. Ralph Cross, Mrs. H. C. Harrell and Mrs. T. E. Fuller.

Mrs. Collom's lovely new house was additionally attractive with spring flowers.

Mrs. Albert Mann presided over the business session when delegates were elected to the state auxiliary meeting of Arkansas which will meet in Little Rock April 12-14.

Mrs. Mann, Mrs. N. B. Daniel and Mrs. Ruel Robins were named delegates.

Mrs. P. H. Phillips of Ashdown led the program introducing Mrs. Robins who spoke on "Origin and Practice of Medical Ethics."

Current events in the medical world were given by Mrs. Roy Baskett, Mrs. J. T. Robison, Mrs. Joe Tyson, Mrs. L. J. Kosminsky and Mrs. S. A. Collom.

An Easter plate was served by the hostesses after the program.

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The 1936 Yearbook of Neurology, Psychiatry and Endocrinology. Edited by Hans H. Reese, M. D., Harry A. Paskind and Elmer L. Sevringhaus. Pp. 800. Illustrated. Price \$3.00. Chicago: The Yearbook Publishers, 1937.

This Yearbook, as in previous years, is a comprehensive review of what has gone on in neurology, psychiatry and endocrinology during the year of 1936 and is a valuable addition to any physician's library, but most especially to one interested in these specialties. While there is no outstanding new discoveries which would change, fundamentally, diagnosis and therapy there are many comprehensive studies, such as that of Charles A. Eisberg, whose quantitative procedures for the examination of the olfactory sense attract attention. A series of these yearbooks over a number of years frequently proves helpful from a reference standpoint, especially because of the method of condensing original articles.

The Arbitration Journal, Vol. 1, No. 1. Published by the American Arbitration Association in collaboration with the Chamber of Commerce of the State of New York and the Inter-American Commercial Arbitration Commission. Annual subscription \$2.00. New York: American Arbitration Association, 521 Fifth Avenue.

This is the initial issue of a specialized journal presenting pertinent data in the field of arbitration. Among the subjects treated in this issue is a symposium on arbitration in insurance, and, of particular interest to physicians, an article on arbitration of disputes on medical fees. This is especially concerned with cases arising under the compensation laws of the state of New York but will prove of interest to physicians interested in compensation practice in other states.

Practice of Medicine. By Jonathan Campbell Meakins, M. D., Professor of Medicine and Director of the Department of Medicine, McGill University; Physician-in-Chief, Royal Victoria Hospital, Montreal. Pp. 1343. 505 illustrations, 35 in color. Price \$10.00. Saint Louis: C. V. Mosby Company, 1936.

This book covers the field of general medicine most thoroughly. A profusion of excellent illustrations adds materially to its value. Diseases are logically presented with emphasis upon pathology and pathological physiology. Symptoms of particular prominence are presented for their diagnostic significance. The index which serves to increase the value of the book as a reference text is most complete. This is an excellent textbook for the student and practicing physician.

A Textbook of Pathology. By W. G. MacCallum, Professor of Pathology and Bacteriology, The Johns Hopkins University, Baltimore. Sixth Edition, Entirely Reset. 1,277 pages with 697 illustrations. Philadelphia and London. W. B. Saunders Company, 1936. Cloth \$10.00 net.

This established classic continues its popularity with the sixth edition. Completely revised but retaining the lucid style which has characterized all editions, it fully discusses endocrinology, vitamin deficiencies and virus infections, as additional fields of advancing knowledge in pathology. The close relationship between clinical medicine and pathology is emphasized. The illustrations, as in former editions, are a feature. The appeal of this work should be almost universal.

The 1936 Yearbook of General Medicine. Edited by George F. Dick, Lawrason Brown, George R. Minot, William B. Castle, William D. Stroud and George B. Eusterman. Pp. 848. Illustrated. Price \$3.00. Chicago: The Yearbook Publishers, 1936.

This volume continues the same high standard which has been set by previous publications of this series. Its excellence is due, in large part, to the authoritative conciseness with which the original articles have been abstracted. The grouping of the various articles under separate headings adds to the value of the volume. This is an excellent reference work.

1936 Yearbook of General Surgery. Edited by Everts A. Graham, A. B., M. D., Professor of Surgery, Washington University School of Medicine; Surgeon-in-chief to the Barnes Hospital and to the Children's Hospital, Saint Louis. Pp. 831. Illustrated. Price \$3.00. Chicago: The Yearbook Publishers, 1936.

This volume is one of the ten Practical Medicine Year Books which are in their thirty-fifth year. It brings to the general surgeon a concise statement of everything new in this field. The biliary tract and anesthesia have received special attention. The revival of the old injection subjects are presented in this well-received work.

Treatment of Respiratory Diseases. By A. Lisle Punch, M. B., M. R. C. P., Senior Physician, Royal Northern Hospital; Physician, Brompton Hospital for Disease of the Chest, and F. A. Knott, M. D., M. R. C. P., D. P. H., Director of Bacteriological Department and Lecturer in Bacteriology to Medical and Dental Schools, Guy's Hospital. Pp. 295. 96 full-page plates and 31 figures. Washable cloth binding. Price \$5.00. Philadelphia: P. Blakiston's Son and Company, 1936.

This concise handbook gives the treatment of the diseases of the respiratory tract in a most useful reference manner. The roentgenograms are quite well reproduced. The book is of practical value to general practitioners.

1936 Yearbook of Eye, Ear, Nose and Throat. Edited by E. V. L. Brown, Louis Bothman, Geo. E. Shambaugh, Elmer W. Hagen and Geo. E. Shambaugh, Jr. Illustrated. Pp. 632. Price \$2.50. Chicago: The Yearbook Publishers, 1936.

This annual compend of all that is new in the field of eye, ear, nose and throat never fails to contain an abundance of useful information. The comments by the editors tend to help the reader to evaluate the importance of new technic or pathological lesions. The reporting of surgical technic leaves nothing to be desired. The table for the diagnosis and anatomical localization of brain tumors is of decided value.

Physical Diagnosis: By Ralph H. Major, M. D., Professor of Medicine in the University of Kansas. 457 pages with 427 illustrations. Philadelphia and London. W. B. Saunders Company, 1937. Cloth, \$5.00 net.

The author, with 147 impressive illustrations and an attractive style, makes this book especially valuable as a text and its greatest value is doubtless in this field. For the practitioner it is a good source of reference because the subject is concisely discussed. This is a good work on physical diagnosis.

Carcinoma of the Femal Generative Organs. By M. C. Malinowsky and E. Quater. Translated from the Russian by A. S. Schwartzmann, A. B., M. D. 50 illustrations, 3 color plates. Pp. 255. Price \$5.00. Boston: Bruce Humphries, 1936.

This is an excellent book. It is compact, well written and copiously illustrated. Contents: General data dealing with the Pathogenesis and Etiology of Tumors; Pathological Anatomy of Carcinoma of the Uterus and Mammary Gland; Clinical picture of Carcinoma of Uterus; The More Rarely Observed forms of Carcinoma of the Female Genital Organs; Metastatic Carcinoma of the Ovaries; Surgical Treatment of Carcinoma of the Uterus; Treatment of Carcinoma of the Uterus by Radiant Energy; Palliative Treatment of Inoperable Carcinoma; Calcium Therapy of Inoperable Carcinoma; Carcinoma of the Mammary Glands; Carcinoma of the Female Sexual Sphere and Disability. The work is practical and sound. The literature is brought up to date. When it is possible treatment is suggested. The book is a useful adjunct to any medical library.

PROTAMINE ZINC INSULIN SQUIBB

Physicians have been advised that Protamine Zinc Insulin, Squibb is now available. The new form of treatment which this new preparation now makes possible has been declared the most notable advance in the treatment of diabetes since the discovery of Insulin in 1921.

Protamine Zinc Insulin is slowly absorbed and the duration of action of a single dose is about three to six times that of unmodified Insulin. For most patients, one injection is adequate. It is indicated chiefly in these diabetics particularly difficult to control with unmodified Insulin because of the frequency of hypoglycemic reactions and the necessity for several daily injections of Insulin. However, because it is slowly absorbed Protamine Zinc Insulin is not recommended in cases of diabetic coma, in diabetes complicated by infection or in the event of surgical operation.

Protamine Zinc Insulin, Squibb is marketed under license from the Insulin Committee, University of Toronto. It is supplied in 10 cc. vials ready for use. The preparation appears milky because the Insulin is in suspension. Each cubic centimeter, after it has been brought into uniform suspension, contains 40 units of Insulin together with protamine and 0.08 mg. of zinc. It is stable in the cold for not less than six months and should not be used after the expiration date stamped on its wrapper. Protamine Zinc Insulin should be administered only subcutaneously.

It is the prediction of a renowned authority that as a result of the new treatment now available, severe diabetics will improve, the benefits of Insulin therapy will be extended to larger numbers of mild diabetics, complications will be reduced and more lives of diabetics will be prolonged and maintained in comfort.

Everyone of good sense wants to keep the medical profession on the highest plane. It certainly will be kept on a higher plane if nothing is done to lead to political demands for something akin to state medicine.—Cincinnati Enquirer.

Annual Post Graduate Course

THE INDIANA UNIVERSITY SCHOOL OF MEDICINE THE INDIANA STATE MEDICAL ASSOCIATION

WILL BE PRESENTED AT THE

**INDIANA UNIVERSITY SCHOOL OF MEDICINE AND THE
LINCOLN HOTEL—TRAVERTINE ROOM**

*All morning and afternoon sessions will be held at the University Medical School;
all evening meetings will be held in the Lincoln Hotel, except the public meeting.*

MAY 10 - 14, 1937

	<i>Monday, May 10</i>	<i>Tuesday, May 11</i>	<i>Wednesday, May 12</i>	<i>Thursday, May 13</i>	<i>Friday, May 14</i>
8:00 a. m. to 11:00 a. m.	Registration 8-9 a. m. Clinics on 1. Pediatrics 2. Medicine 3. Obstetrics 4. Gastro-Intestinal Diseases 5. Physical Thera- peutics	Clinics on 1. Cardiovascular renal diseases 2. Surgery 3. Gynecology 4. Medicine 5. Otolaryngology	Clinics on 1. Orthopedics 2. Dermatology 3. Roentgenology 4. Surgery 5. Obstetrics	Clinics on 1. Urology 2. Pediatrics 3. Otolaryngology 4. Medicine 5. Neurology and Psychiatry	Clinics on 1. Cardiovascular renal diseases 2. Surgery 3. Dermatology 4. Gastro-Intestinal diseases 5. Ophthalmology
11:00 a. m. to 12:00 noon	Lecture: Vitamines	Therapeutic Aphorisms	Modern Treatment of Pneumonia	Medical Jurisprudence	Urologic and Orthopedic Aphorisms
1:30 to 2:30 p. m.	Panel discussion on Pediatrics	Panel discussion on Medicine	Panel discussion on Surgery	Panel discussion on Obstetrics	Panel discussion on Therapeutics
2:30 to 3:30 p. m.	Practical demonstra- tion on Otolaryngology	Practical demonstra- tion on Intravenous Therapy	Practical demonstra- tion on Aseptic Technic and Splints	Practical demonstra- tion on Obstetrics	Practical demonstra- tion on Dermatology and Urethral Instru- mentation
3:30 to 5:00 p. m.	CLINICAL PATHOLOGICAL CONFERENCES, WITH THE SPEAKER OF THE EVENING TAKING AN ACTIVE PART				Voluntary Examina- tion Questions and Answers
8:00 p. m.	Guest Speaker Samuel A. Levine, M.D., Boston Assistant Professor of Medicine, Harvard University Medical School Cardiology	Guest Speaker Vernon C. David, M.D., Chicago Clinical Professor of Surgery, Rush Med- ical college Surgery	Guest Speakers Nicholas J. Eastman, M.D., Baltimore Professor of Obstet- rics, Johns Hopkins University School of Medicine Obstetrics Frank C. Mann, M.D., Rochester, Minn. Professor of Pathol- ogy, Surgery and Ex- perimental Physiolo- gy, University of Min- nesota, Graduate School of Medicine Physiology	Guest Speaker Harold N. Cole, M.D., Cleveland Associate Clinical Professor of Derma- tology and Syphilol- ogy, Western Reserve University School of Medicine Syphilis	PUBLIC MEETING Guest Speaker Prof. Maude Slye Associate Professor of Pathology, Uni- versity of Chicago Cancer (Another speaker to be announced later)

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